



**New Computerized Transit System (NCTS-P5) system CLASSROOM TRAINING COURSE
ORGANISED BY THE MTCA TRAINING UNIT**

(Form to be duly filled in, signed and send by email to training.mtca@gov.mt)

1	Name & Surname of person who will attend:	
2	I.D./Passport No. of person who will attend:	
3	Name of Representing Company:	
4	E.O.R.I. No. / VAT No. of Company <i>For more information re EORI No. follow this link:</i> https://customs.gov.mt/bus/economic-operators-registration-identification	
5	Company's Full Address:	
6	<ul style="list-style-type: none">• Company's tel. no. (mobile/landline)• Nominated person's tel.no. (mobile)	
7	E-Mail Address of nominated person: <i>(It is imperative the email Account address given here is of the nominated person)</i>	
8	Please Indicate preferred language used during the training session	<i>(Please tick where applicable)</i> <input type="checkbox"/> MALTESE <input type="checkbox"/> ENGLISH
9	Origin of Goods declared to Customs	<i>(Please tick where applicable)</i> <input type="checkbox"/> EU <input type="checkbox"/> NON EU <input type="checkbox"/> BOTH
10	Line of business	<i>(Please tick where applicable)</i> <input type="checkbox"/> AGENT <input type="checkbox"/> CARRIER <input type="checkbox"/> BOTH <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> BOTH
11.	Fee:	An upfront administrative non-refundable and non-transferable fee of €25 (twenty-five euro) to be paid through a bank transfer. *Proof of payment is to be submitted with this application.
12.	Method of Payment:	Director General Customs HSBC A/c No 043021773052 – IBAN MT27MMEB44439000000043021773052 BOV A/c No 50003382788 – IBAN MT62VALL22013000000050003382788 The Importer's name, the participant's name, the EORI/VAT number and NES course fee are to be written in the Bank's Payment detail field.

***APPLICATIONS RECEIVED WITHOUT ATTACHED PROOF OF PAYMENT WILL NOT BE PROCESSED.
APPLICATION IS VALID FOR 1 YEAR AFTER WHICH IT WILL BE AUTOMATICALLY CANCELLED.**

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FULL NAME & SURNAME
SIGNATURE of Authorized Representative of Company

DATE: