



**THE PRINCIPLES OF CLASSIFICATION 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](mailto:training.mtca@gov.mt) )

1	<b>Name &amp; Surname of person who will attend:</b>	
2	<b>I.D./Passport No. of person who will attend:</b>	
3	<b>Name of Representing Company:</b>	
4	<b>E.O.R.I. No. / VAT No. of Company</b> <i>For more information re EORI No. follow this link:</i> <a href="https://customs.gov.mt/bus/economic-operators-registration-identification">https://customs.gov.mt/bus/economic-operators-registration-identification</a>	
5	<b>Company's Full Address:</b>	
6	<ul style="list-style-type: none"><li>• Company's tel. no. (mobile/landline)</li><li>• Nominated person's tel.no. (mobile)</li></ul>	
7	<b>E-Mail Address of nominated person:</b> <i>(It is imperative the email Account address given here is of the nominated person)</i>	
8	<b>Please Indicate preferred language used during the training session</b>	<i>(Please tick where applicable)</i> <input type="checkbox"/> <b>MALTESE</b> <input type="checkbox"/> <b>ENGLISH</b>
9	<b>Origin of Goods declared to Customs</b>	<i>(Please tick where applicable)</i> <input type="checkbox"/> <b>EU</b> <input type="checkbox"/> <b>NON EU</b> <input type="checkbox"/> <b>BOTH</b>
10.	<b>Fee:</b>	An <b>upfront</b> administrative <b>non-refundable</b> fee of <b>€25 (twenty-five euro)</b> to be paid through a bank transfer. *Proof of payment is to be submitted with this application.
11.	<b>Method of Payment:</b>	Director General Customs HSBC A/c No 043021773052 – IBAN MT27MMEB4443900000043021773052  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:** .....