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MALTA FOOTBALL PLAYERS ASSOCIATION
Health Insurance Scheme
Application Form for New Members

Name _____

Surname _____

ID Card No. _____

Date of Birth _____

Address _____

Tel. No. _____

Mobile No. _____

E-Mail _____

Club _____

Signature _____

Date _____

Please forward your form to:

Mediterranean Insurance Brokers
Mediterranean Building, Abate Rigord Street, Ta' Xbiex XBX1122.

Tel. +356 2343 3234 **E-Mail** info@mib.com.mt **Web** www.mib.com.mt

