MINISTRY OF YOUTH EMPOWERMENT, SPORTS AND RECREATION

High Level Sports Unit, 8th Floor, Citadelle Mall, Sir Virgil Naz Street, Port Louis Tel: 206 1572 / Email: hlsunit2019@gmail.com

REQUEST FORM FOR PAYMENT OF CASH PRIZE

| NAME OF FEDERAT | ion/association: | | | | | | | | | | |
|------------------|--------------------|--------------|---------------------|---------------------------|--------------------|---------------------|-------------------------|--------------|----------|------------|---------------|
| NAME OF EVENT: | ••••• | ••••• | | | | | | | | | |
| DATE OF EVENT: | | | | | | | | | | | |
| LIEU OF EVENT: | | | | | | | | | | | |
| NUMBER OF PARTIC | CIPATING COUNTRIES | (OVERALL): | | | | | | | | | |
| Specify Level o | f Event: World | ☐ Inter | -Contin | ental 🔲 Cont | inental R | egional 🗌 | Tick as appropria | ate) | | | |
| ME OF ATHLETE | | CATEGORY | MEDAL | | DF NUMBER OF | | BANK DETAILS OF ATHLETE | | | NIC NUMBER | FOR |
| | | WON | | PARTICIPATIN COUNTRIES IN | IG PARTICIPA | PARTICIPANTS IN THE | | NAME OF BANK | | | OFFICI USE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME/S OF COACH | /ES RECOMMENDED | BY THE FEDER | ATION FOR | R CASH PRIZE: | 1 | | 1 | | 1 | • | 1 |
| | NAME OF COACH | | | TOURNAMENT | BANK DETAILS OF CO | | OACH NIC | | C NUMBER | FOR | |
| | | | | | NAME OF BANK | | NT NUMBER | | | OFFICE USE | |
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| I | | | . certifv | that the inform | nation provide | d above are | e true and co | rrect. | | | |
| | | | | | | | | | | | |
| Name: | | | | Pos | sition at the Fe | deration: | | | | | |
| Signature: | | | Seal of Federation: | | | | | | | | |
| | | | | ts/sheets provided | | | | | | | |

b. Proof of Bank details and a copy of the NIC/Student pass (where applicable) of each athlete and coach shall be submitted along with this form.