

To be filled by NF

Athlete: last name: _____ first name : _____

IV – FEE

Fee paid: Amount: _____, currency: _____ Date: ____/____/____

Bank accounts: Origin: **NIB:** _____ Transfer to: **NIB:** _____

IBAN: _____ **IBAN:** _____ **BIC/SWIFT:** _____

BIC/SWIFT: _____

National Paralympic Committee or National Federation: _____

Name (stamp)

Signature

____/____/____
Date: Day Month Year

Fee received: No Yes

IBSA Treasurer :

Signature

____/____/____
Date: Day Month Year

~~**Class changed after classification review:** No (no fee reimbursement) Yes (fee reimbursement)~~

Fee reimbursement: Amount: _____, currency: _____ Date: ____/____/____

Sent to bank: **NIB:** _____

Paid cash

IBAN: _____

BIC/SWIFT: _____

IBSA Treasurer, or _____ :

Name

Signature

Received

Name

Signature

To be filled by IBSA

V – REASSESSMENT RESULT

After classification review : **Class changed:** No (no fee reimbursement) Yes (fee reimbursement)

CLASS: B1

B2

B3

NE

CNC