

NATIONAL MOOT REGISTRATION FORM

Please complete all sections in BLOCK letters and return the completed form in person or by email to:

Maldives International Arbitration Centre

Haveeree Hingun, Male' 20207

Republic of Maldives

Part A: Participant Information

Email: info@miac.gov.mv

Tel: 3300920

For any queries about the competition or on completing the application please contact us through the information above.

Your application should be submitted by 12:00 pm on 15 June 2020

Name of University/ College Address **Email** Tel **TEAM MEMBERS** Year of Name **Course** Contact **Email** Study Number 1. 2. 3. 4. **PART B: COACH** Name: **Address:** E-mail address: **Contact Number:**

PART C: CONTACT PERSON
The designated contact person should be an employee at the participating university
Name:
Address:
E-mail address:
Contact Number:
PART D: DECLARATION & SIGNATURE
By signing this Registration Form, we acknowledge and confirm that all information provided to MIAC is true to the best of our knowledge.
By signing, we accept the Competition Rules and understand that MIAC may at its discretion change the dates and rule. of the competition.
Authorized Signatory:
Seal:
Name:
Designation:
Date: