

## APPLICATION FOR FIAF CROSS ACCREDITATION

1. PERSONA	L INFOR	<u>MATIOI</u>	<u> </u>								
Surname							Tel. home				
First Name			Tel. mob						le		
Address			Zip Code								
City / State	Country										
E-mail											
Current professi	on										
2. QUALIFICA	ATIONS										
(Please indicate you	ur best result	for each Ex	khibit in the Class	you	wish to be cro	oss accre	edited	, min. \	/ermeil)		
Class Title of Exhibit				N° frames Award			rd	Show (Name/Year)			
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3. FIAF JURY (Please indicate wh								uico)			
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Year Name of Exhibition				Cit	ity/Country				Class		Team Leader
4. CROSS AC	CREDIT	ATION	IN DESIRED	C	LASS						
(Please indicate in											
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							+	☐ Youth		□ Open Philately	
☐ Literature ☐ Postal Station			☐ Astrophilately					Revenue		☐ Picture Postcards	
5. ATTENDE			NG SEMINA	<u>R I</u>	N THE D	<u>ESIRE</u>	D C	LAS	<u>s</u>		
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Seminar (Subject)		City/Country			Exhibition			n Ye		r Organised by	
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6. JUROR DE	CLARAT	ION									
I certify that the above information											
Date			Signature								
7. <u>APPROVA</u>	L OF THE	E NATIO	DNAL FEDE	<u>RA</u>	TION						
(Please enter the da			e accredited by you	ur fe	ederation)						
Name of Nation											
Name of officer Title or office											
Date			Signature								
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8. EXHIBITIO	N DDEEL	DDED	FOR CROSS	<b>S</b> A	CCPEDI	TATIC	M.				
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Please **send** properly filled in form **to**: **<u>secretariafiaf@gmail.com</u>**