**NOMINATION FORM FOR CANDIDATE FOR THE FIAS COMMISSION**

**FOR THE ATHLETES WITH DIFFERENT ABILITIES**

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| **The National SAMBO Federation (NSF) represented by the Candidate**  *The NSF must be full member of FIAS* |  | |
| **Family Name** |  | |
| **First Name** |  | |
| **Date of birth** |  | |
| **Gender** | Male  Female | |
| **Nationality**  *The candidate must have the same nationality to NSF he/she represents* |  | |
| **Country of Residence** |  | |
| **Resident since** |  | |
| **Postal address** |  | |
| **Phone number** |  | |
| **E-mail address** |  | |
| **Languages**  English  Russian  French  Spanish  Other languages | Mother Tongue: | |
| **Position the Candidate is nominated for**  *Each member of the FIAS Commission for the Athletes with Different Abilities shall have a good knowledge of the environment and excellent understanding of SAMBO.* | Member – Blind Sport  Member – Deaf Sport  Member – Expert |  |
| **Official Position held in National SAMBO Federation** | | |

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| **Candidate’s and proposing Member’s confirmation:**  By signing this Form the Candidate and the proposing Member confirm that the information given in this Form is accurate and complete.  By signing this Form the Candidate confirms having carefully read the contents of the 2016 FIAS Statutes and FIAS ByLaws but not limited to the obligations of FIAS Office Holders, as well as the FIAS Code of Ethics and confirms to meet and respect all criteria and conditions stated therein. | | |
| **Proposing FIAS Member:** |  | |
| Date: |  | |
|  |  | |
| Signature President | Signature General Secretary | |
|  |  | |
| **Candidate:** |  | |
| Date: |  | |
|  |  | |
| Signature | |  |

Forms must be signed and returned **by 8 of September 2017** to [info@sambo-fias.com](mailto:info@sambo-fias.com) and [swissoffice@sambo-fias.com](mailto:swissoffice@sambo-fias.com).