

# APPLICATION FORM

Visual, Applied and Performing Arts



MALTA SOCIETY of ARTS

## PERSONAL DETAILS

Name:		Surname:	
ID. No. /Passport No.:		Address:	
Gender:	Profession/ Occupation:		
Nationality:	Locality:	Post Code:	
Date of Birth:	Mobile No.:		
Email:	Telephone No.:		

## COURSE DETAILS

Name of Course:	Reference No.:
-----------------	----------------

Payment by: CHEQUES; BOV  HSBC  APS  others  cash  Amount paid

How did you learn about the MSA Courses ?

### Methods of Payment

- Payments by cheque should be made payable to **Malta Society of Arts**. Cash payments are to be made at the Malta Society of Arts, Palazzo de La Salle, 219 Republic Street Valletta, from Monday to Friday 8.00am and 1.00pm.
- This application form is to be included with both cheques and cash payments.

### Refunds

- No refunds will be granted except when changes are made by the MSA.
- A course may be held or otherwise terminated at the discretion of the MSA, in which case the applicant is entitled to a refund pro-rata, provided that s/he will not be the cause of termination of the course in question.

### Student's Agreement

- I agree to allow the MSA to process and use personal data contained in this form, for any purposes connected with my studies or for administrative reasons. The MSA will adhere to the Data Protection Regulations.

Signature:

Date:

- I have read the course outline and general conditions.

- I agree to receive the MSA online Newsletter.

*Does the applicant suffer from any medical condition? Yes / No  
If yes, please specify:*

## For office use only

Registration No. :	Semester 1 <input type="checkbox"/>	Summer Courses <input type="checkbox"/>
Receipt No. :	Semester 2 <input type="checkbox"/>	1 Year <input type="checkbox"/>