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

Title of Course:	Code No.:

Payment by: Cheques ☐ Bank Transfers ☐ Cash ☐ Revolut ☐ Amount paid ☐

How did you learn about the MSA Courses ?

Methods of Payment

- Cheques payable to **Malta Society of Arts**.
- **Bank Details**
  Bank Name; Bank of Valletta.
  Bank Address; BOV, Republic Street, Valletta Malta.
  IBAN No.; MT24VALL22013000000010203008019
  Swift Code; VALLMTMT
- 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.
- I give my consent to be photographed and/or filmed and that these images/filming may be used by MSA or persons authorised by MSA for promotional purposes on social/printed media.
- I have read the course outline and general conditions.
- ☐ I agree to receive th MSA online Newsletter.

Signature:

Date:

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

For office use only

Registration No. :	Semester 1 ☐	Summer Courses ☐	
Receipt No. :	Semester 2 ☐	1 Year ☐	