

Application Form

PERSONAL INFORMATION

Full name _____ ID number _____

Gender Male Female Other

Date of birth _____ Contact number _____

Email address _____

EMPLOYMENT INFORMATION

Company name _____

Company address _____

Position held at company _____

Is your company a member of The Malta Chamber of
Commerce, Enterprise and Industry? Yes No

Is your company a member of the Malta Hotels and
Restaurants Association? Yes No

**Submit a one-page project idea
that you think is eligible under the
COSME Programme**

*Please type on a separate sheet and
attach to the application form. Please
do not exceed 350 words.*

I hereby give my consent to the Malta Business Bureau to make use of all the personal information that I have given and/or to confer this information to third parties for the purpose of this training initiative