

(For Office Use)

Condominium No: _____

Date: _____

Payment: _____

Received by: _____

Nature of the NOTIFICATION (Note: i.e. specify or indicate which applies)

First Appointment

Change relating to Administrator

Renewal

1a. Condominium Address:

1b. Number of Units:

1c. Number of Condominii:

2. Particulars of Administrator Being Appointed or Changed:

Name & Surname:

ID number:

Address:

Mobile No: _____ Email Address: _____

Date of Appointment: _____ Term of Appointment: _____

Number of documents attached to this sheet: _____

I, hereunder sign, declare to the best of my knowledge, that the contents of this notice are true and in accordance with the provisions of the condominium act, chapter 398 of the laws of Malta.

Signature: _____

NAME IN BLOCKS: _____

