



(For Office Use)

Condominium No: _____

Date: _____

Payment: _____

Received by: _____

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

Registration of Rules

Amendments of Rules

1a. Condominium Address:

1b. Number of Units:

1c. Number of Condominiii:

2. Particulars of person Submitting the rules:

Name & Surname:

Address:

ID number:

Mobile No: _____ Email Address: _____

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: _____

