

(INSERT CREDITOR'S ADDRESS)  
(INSERT CREDITOR'S ADDRESS)  
(INSERT CREDITOR'S ADDRESS)

Malta

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*(Note: if a personal letterhead is available, this should be used. In this case the address above will not be necessary).*

The Chairman  
Clubs Licensing Board  
Malta Football Association  
The National Stadium,  
Ta' Qali, ATD4000.  
Malta

(DATE)

Dear Sir,

I confirm that as at 31.12.2018 amounts due to me from (INSERT CLUB NAME) amounted to € (INSERT AMOUNT in words and figures). These amounts are unsecured, interest free and repayable on demand *(or similar information if different, as applicable).*

I confirm my ability and willingness to continue to support (INSERT CLUB NAME). In that regard I commit myself not to demand repayment of the above-mentioned outstanding amounts during football season 2019-2020.

Yours sincerely,

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(INSERT CREDITOR'S NAME)  
(INSERT CREDITOR'S ID CARD NO.)