

**MFA CLUB LICENSING REGULATIONS
FOR PARTICIPATION IN UEFA CLUB
COMPETITIONS**

**APPLICABLE TO
PREMIER DIVISION MEMBER CLUBS**

UEFA LS FORMS

CLUB: _____

MALTA FOOTBALL ASSOCIATION

FORM LS (UEFA)

(Criteria details to be included in Forms LS (UEFA) 1, 2, 3, 4, 5)

Application for a UEFA Licence

**UEFA LICENSING & FINANCIAL FAIR PLAY REGULATIONS
APPLICABLE TO PREMIER DIVISION MEMBER CLUBS**

For Season 2019/2020

To be sent to the Licensing Manager of the Association by not later than **Thursday 31st January 2019**

The Licensing Manager
Malta Football Association

Licence Application of..... FC

Please find documents relating to our club's application for a UEFA Licence for season 2019/2020.

President
Name Signature

Secretary
Name Signature

Treasurer
Name Signature

Date.....

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

Youth Development Programme

Youth Development Programme validity: _____

Participation:	Youths	Yes / No
	YFA U/17	Yes / No
	YFA U/15	Yes / No
	YFA U/13 Festivals	Yes / No
	YFA U/11 Festivals	Yes / No

Laws of the Game meeting held on: _____

Anti-Doping meeting held on: _____

Integrity meeting held on: _____

Anti-racism meeting held on: _____

Child Protection meeting held on: _____

Nursery Medical Doctor: _____

Defibrillator: Brand: _____ Serial No: _____

Signature (President) Signature (Hon Secretary)

Signature (Treasurer) Club:

Date.....

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA ANTI RACISM MEETING

Club _____ Date of meeting: _____

Lecturer (Name): _____ (Signature): _____

Attendance:

Position (Coach/Player)	Name & Surname	Signature
Club Secretary		
Club Administrator		
Nursery Head Coach		
Nursery Secretary		
Nursery Administrator		

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA CHILD PROTECTION MEETING

Club _____ Date of meeting: _____

Lecturer (Name): _____ (Signature): _____

Attendance:

Position (Coach/Player)	Name & Surname	Signature
Club Secretary		
Club Administrator		
First Team Head Coach		
First Team Captain		
Nursery Secretary		
Nursery Administrator		
Nursery Head Coach		
U/19 Head Coach		

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

Declaration regarding medical tests

We, President, Secretary and Treasurer of _____ Football Club do hereby declare that all medical tests covering the Youth, U/17, U/15 and U/13 (12 years and over) squads have done their medicals tests as per Regulation 20 of the *MFA CLUB LICENSING REGULATIONS FOR PARTICIPATION IN UEFA CLUB COMPETITIONS APPLICABLE TO PREMIER DIVISION MEMBER CLUBS* and Annex 1(b) *Medical Clearance Form* that was sent together with UEFA Licence Application forms, including 12-lead rest ECG.

Name President

Signature President

Name Secretary

Signature Secretary

Name Treasurer

Signature Treasurer

Club

Date

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season
2018/2019

Medical test must be done as per Appendix 1(b) document and have to be done after 15 August 2018.

Squad: Youth Team

Club _____

	Name of Player	Date Of Birth	Comet No	Date of Medical Test
1				
2				
3				
4				
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6				
7				
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18				
19				
20				

Signature (President)

Signature(Hon Secretary)

MALTA FOOTBALL ASSOCIATION

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season
2018/2019

Medical test must be done as per Appendix 1(b) document and have to be done after 15 August 2018.

Squad: U/17 Squad

Club _____

	Name of Player	Date Of Birth	Comet No	Date of Medical Test
1				
2				
3				
4				
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6				
7				
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Signature (President)

Signature(Hon Secretary)

MALTA FOOTBALL ASSOCIATION

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season 2018/2019

Medical test must be done as per Appendix 1(b) document and have to be done after 15 August 2018.

Squad: U/15 Squad

Club _____

	Name of Player	Date Of Birth	Comet No	Date of Medical Test
1				
2				
3				
4				
5				
6				
7				
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19				
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Signature (President)

Signature(Hon Secretary)

MALTA FOOTBALL ASSOCIATION

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season 2018/2019

Medical test must be done as per Appendix 1(b) document and have to be done after 15 August 2018.

Squad: U/13 Squad

Club _____

	Name of Player	Date Of Birth	Comet No	Date of Medical Test
1				
2				
3				
4				
5				
6				
7				
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10				
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13				
14				
15				
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17				
18				
19				
20				

Signature (President)

Signature(Hon Secretary)

MALTA FOOTBALL ASSOCIATION

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season
2018/2019

Squad: U/11 Squad

Club _____

	Name of Player	Date Of Birth	Comet/YFA No	Date of Medical Test
1				
2				
3				
4				
5				
6				
7				
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10				
11				
12				
13				
14				
15				
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18				
19				
20				

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season
2018/2019

Squad: U/9 Squad

Club _____

	Name of Player	Date Of Birth	Comet/YFA No	Date of Medical Test
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season
2018/2019

Squad: U/7 Squad

Club _____

	Name of Player	Date Of Birth	Comet/YFA No	Date of Medical Test
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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16				
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18				
19				
20				

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

List of players registered in each of the above-mentioned categories for season
2018/2019

Squad: _____

Club: _____

	Name of Player	Date Of Birth	Comet/YFA No	Date of Medical Test
1				
2				
3				
4				
5				
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7				
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Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

First Team Programme

Refereeing Matters

This is to confirm that:

First Team Coach/Asst Coach Mr _____

Captain/Vice-Captain Mr _____

have attended a session regarding Refereeing Matters which was held on and was conducted by the Director of Refereeing of the Malta Football Association or a person appointed by him.

Name..... (Lecturer)

Signature..... (Lecturer)

Date.....

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

Medical Care

The following First Squad players ofFC have undergone a medical examination (as per appendix 1) which included an echocardiography under the supervision of the Dr..... The details of this examination is being kept by the said doctor due to the confidential information that it contains but if the need arises, this information will be passed on to a competent person/s appointed by the Licensor.

Echocardiography Tests done prior to 15 August 2017 and Blood & Urine Tests done prior to 15 August 2018 are to be considered as expired.

Name of Player	Date Of Birth	COMET No	Echocardiography Test Date of Examination	Blood & Urine Tests Date of Examination

MALTA FOOTBALL ASSOCIATION

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FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

Echocardiography Tests done prior to 15 August 2017 and Blood & Urine Tests done prior to 15 August 2018 are to be considered as expired.

SPORTING CRITERIA

Name of Player	Date Of Birth	COMET No	Echocardiography Test Date of Examination	Blood & Urine Tests Date of Examination

I, Dr do hereby confirm that the above-mentioned players have undergone a medical examination (as per appendix 1) which included a cardiovascular screening.

Signature (Doctor)
(Doctor's rubber stamp)

Date:

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 1

Application for a UEFA Licence for Season 2019/2020

SPORTING CRITERIA

Racial Equality and Anti-Discrimination Declaration

We hereby declare that we will do our utmost to tackle any form racism and discrimination during our participation in UEFA Competitions. In particular we undertake to follow the policy established by the Malta Football Association to tackle decisions and discrimination in football based on UEFA's 10-point plan on racism as defined in the "UEFA Safety and Security Regulations" namely:

1. *Issue a statement saying that racism or any other kind of discrimination will not be tolerated, spelling out the action that will be taken against those who engage in racist chanting. The statement should be printed in all match programmes and displayed permanently and prominently around the ground.*
2. *Make public address announcements condemning racist chanting at matches.*
3. *Make it a condition for season-ticket holders that they do not take part in racist abuse.*
4. *Take action to prevent the sale of racist literature inside and around the ground.*
5. *Take disciplinary action against players who engage in racial abuse.*
6. *Contact other associations or clubs to make sure they understand the association's or club's policy on racism.*
7. *Encourage a common strategy for stewards and police to deal with racist abuse.*
8. *Remove all racist graffiti from the ground as a matter of urgency.*
9. *Adopt an equal opportunities policy in relation to employment and service provision.*
10. *Work with all other groups and agencies, such as the players' union, supporters, schools, voluntary organizations, youth clubs, sponsors, local businesses, police and other public authorities, to develop proactive programmes and make progress to raise awareness of campaigning to eliminate racial abuse and discrimination.*

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 2

Application for a UEFA Licence for Season 2019/2020

PERSONNEL AND ADMINISTRATIVE CRITERIA

The following persons form part of the administration and football staff ofFC for season 2018/2019. These persons will be confirmed in July 2019 for season 2019/2020, the season for which the licence is given.

Designation	Surname	Name	Full-Time/Part-Time/Voluntary	Qualifications
Club Secretary				
General Manager				
Club Treasurer or Finance Officer				
Media Officer				
Medical Doctor				
Physiotherapist				
Youth Teams Medic				
Security Officer			Part/Full-Time	
Supporters Liaison Officer				
Disability Access Officer				
Head Coach (Senior)				
Asst Head Coach (Senior)				
Head Coach (Youth)				
Coach Youth Team				
Coach Junior U/17				
Coach Junior U/15				
Coach Junior U/13				
Coach Junior U/11				
Coach Junior U/9				

In respect of each of the above-mentioned administrative and football staff, attached please find a copy of the agreement/contract, job description and the relevant diploma or certificate (where necessary) related to his/her responsibilities and qualifications.

Signature (President)

Signature(Hon Secretary)

MALTA FOOTBALL ASSOCIATION

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 2

Application for a UEFA Licence for Season 2019/2020

PERSONNEL AND ADMINISTRATIVE CRITERIA

STEWARDS

Surname	Name	Full-Time/Part-Time/Voluntary

In respect of each of the above-mentioned administrative and football staff, attached please find a copy of the agreement/contract, job description and the relevant diploma or certificate (where necessary) related to his/her responsibilities and qualifications.

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 2

Application for a UEFA Licence for Season 2019/2020

PERSONNEL & ADMINISTRATIVE CRITERIA SUPPORTERS LIAISON OFFICER MEETING

Club _____ Date of meeting: _____

Lecturer (Name): _____ (Signature): _____

Attendance:

Position	Name & Surname	Signature
Supporter Liaison Officer		

FORM LS (UEFA) 2

Application for a UEFA Licence for Season 2019/2020

PERSONNEL & ADMINISTRATIVE CRITERIA

Disability Access Officer MEETING

Club _____ Date of meeting: _____

Lecturer (Name): _____ (Signature): _____

Attendance:

Position	Name & Surname	Signature
Disability Access Officer		

FORM LS (UEFA) 3

Application for a UEFA Licence for Season 2019/2020

LEGAL CRITERIA

LEGAL VALID DECLARATION

We confirm:

- A) That our Club will abide with the MFA, FIFA and UEFA Rules, Regulations, Bye Laws and Decisions and the jurisdiction of the Court of Arbitration for Sports (CAS);
- B) That our Club is currently competing and will compete in the competitions organized by the MFA;
- C) That our Club will compete at international level it will participate in competitions recognized by UEFA or FIFA. To avoid any doubt, this provision does not relate to friendly matches.
- D) That our Club will inform the Licensor about any significant change/s, event or condition of major economic importance;
- E) That our Club shall at all times adhere to the provisions laid down in *MFA CLUB LICENSING REGULATIONS FOR PARTICIPATION IN UEFA CLUB COMPETITIONS APPLICABLE TO PREMIER DIVISION MEMBER CLUBS* and that during the validity of the Licence our Club shall strictly conform with all the criteria related to the UEFA Licence;
- F) That our Club shall at all times adhere to the provisions laid down in the *UEFA Club Licensing and Financial Fair Play Regulations*;
- G) Our Club's reporting parameter are in accordance with Art 43 of the *MFA CLUB LICENSING REGULATIONS FOR PARTICIPATION IN UEFA CLUB COMPETITIONS APPLICABLE TO PREMIER DIVISION MEMBER CLUBS*
- H) Our club is accountable for any consequences of an entity included in the reporting perimeter not abiding by and observing items of (E) and (F) above;
- I) That all details and documents related to this Application Form for a UEFA Licence are complete and correct;
- J) That our Club authorizes the competent MFA Club Licensing Department and club licensing bodies, the UEFA Administration and the UEFA Organs for the Administration of Justice to examine any relevant document and seek information from any relevant public authority or private body in accordance with Maltese law;
- K) That our Club acknowledges that UEFA reserves the right to execute compliance audits at national level as per UEFA regulations.

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 3

Application for a UEFA Licence for Season 2019/2020

LEGAL CRITERIA

Official Club Name	
Full Address	
Legal Form	
Participating Since:	

Authorized Signatories (<i>Block capitals</i>)			
Official Capacity	Surname	Name	Signature
President			
Secretary			
Treasurer			
General Manager			

- 1) a) We hereby confirm that no changes to the Club's Statute and Regulations have been effected.
or
 b) We are attaching a copy of the Club's Statute and Regulations as changes have been effected.
(mark out as applicable)
- 2) The full list of the present Management Committee in accordance with the said Statute and which members had been approved by the Council of the Association.

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 3

Application for a UEFA Licence for Season 2019/2020

LEGAL CRITERIA

Legal group structure and ultimate controlling party

We hereby declare that _____ FC, which is the licence applicant and member of the Malta Football Association (UEFA member) is

Single entity / Forms part of the legal structure

(Cross out where not applicable and in case that the Club forms part of a legal structure, the structure has to be presented in the form of a chart).

_____ FC's has no ultimate controlling party/ultimate controlling party is _____.
(Cross out where not applicable)

The following details must be provided for _____ FC and any of its subsidiaries

a	Name of legal entity	
b	Type of legal entity	
c	Information on main activity and any football activity	
d	Percentage of ownership interest (and if different, percentage of voting power held)	
e	Share capital	
f	Total assets	
g	Total revenues	
h	Total equity	

(Please repeat above table for each subsidiary in case the Club has any subsidiaries).

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

In terms of Schedule II regarding the Financial Criteria of Member Clubs of the “UEFA Licensing & Financial Fair Play Regulations Applicable to Premier Division Member Clubs” we have already submitted the Audited Financial Statements for the period 1st January-31st December 2018 approved during the Extraordinary General Meeting held on _____.

The Audited Financial Statements were certified by the following independent Certified Public Accountant and Auditor or independent firm of Certified Public Accountants and Auditors:

Name of Certifying Accountant or Firm

Furthermore, we are also submitting with this application the Financial Statements for the period (as per Appendix 2) starting from the closure of accounts up to 31st December 2018.

The Audited Financial Statements were certified by the following independent Certified Public Accountant and Auditor or independent firm of Certified Public Accountants and Auditors:

Name of Certifying Accountant or Firm

No Payables Overdue from Transfer Activities and Towards Employees

We declare that up to the 31st December 2018 the Club have no payables overdue from transfer activities and towards employees and contractual obligations, including payments regarding social/tax contributions, and in this respect all dues have been settled, except those over dues which are indicated. However, in the case of overdue payables, shown in the audited financial statements presented for the period 1st January-31st December 2018, we are hereby submitting:

- Proof that these payables have now been settled.
- A written agreement that has been concluded with the creditors to extend the deadline for payment of these payables.
- Proof that proceedings have been opened with a competent body according to national legislation or proceedings with the statutory national or international football authorities regarding these payables.

(Relevant documents attached)

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

Publishing of the Audited Financial Information and the Total Amount paid to Agents/Intermediaries by not later than 15 May 2019

Please be informed that we, _____FC will be publishing the Audited Financial Information and the total amount paid to agents/intermediaries on the Club's website.

or

We hereby authorize the Malta Football Association to publish on its website the Audited Financial Information and the total amount paid to agents/intermediaries of our Club, _____FC.

****cross out where not applicable*

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

Reporting entity and reporting perimeter

We hereby declare that the reporting perimeter of the financial statements of our Club _____ FC is

Single entity / Consolidated / Combined

(Cross out where not applicable)

The reporting perimeter includes

a	compensation paid to employees arising from contractual or legal obligations	Yes / No
b	costs/proceeds of acquiring/selling a player's registration	Yes / No
c	ticketing	Yes / No*
d	sponsorship and advertising	Yes / No*
e	broadcasting	Yes / No*
f	merchandising and hospitality	Yes / No*
g	Club operations (e.g. administration, match day activities and travel)	Yes / No*
h	financing (including financing secured or pledged against the assets of the licence applicant)	Yes / No*
i	use and management of stadium and training facilities	Yes / No*
j	youth sector	Yes / No*

* In case of a **No** a detailed explanation must be provided on the Club's letterhead duly signed by the Club officials, which must be attached to this document.

The following section is to be filled **ONLY** if the reporting perimeter is consolidated and/or combined.

List of entities excluded from the reporting perimeter

Name of entity	Reason for exclusion (reason must be one or both of (a) and (b) listed below this box)*

- a) It is immaterial compared with the overall group made by the licence applicant
 b) Its main activity is not related to the activities, locations, assets or brand of the football Club

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

TRANSFER PAYABLES TABLE INCLUDING LOANS

Name Of Club	Name of Player	Date of Contract	Total Amount of contract	Amount paid as at 31.12.18	Balance as at 31.12.18 as per agreement	Actual Balance as at 31.12.18
Total						

TRANSFER RECEIVABLE TABLE INCLUDING LOANS

Name Of Club	Name of Player	Date of Contract	Total Amount of contract	Amount paid as at 31.12.18	Balance as at 31.12.18 as per agreement	Actual Balance as at 31.12.18
Total						

We fully understand and accept that further details, explanations, confirmation of payments and receipts regarding the above-mentioned contractual obligations are being presented to the relative authorized staff and bodies of the Licensor.

(Clubs must provide documentary evidence of any changes to the original contracts).

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Club:

Date.....

MALTA FOOTBALL ASSOCIATION

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

TRANSFER PAYABLES TABLE AS AT 31 DECEMBER 2018 (UPDATED IN 31 MARCH 2019)

Player details				Direct costs of acquiring the registration					Amount payable at 31 Dec 2018				Amount payable to Clubs at 31 March 2019			Not recognised conditional transfer fees at 31/12/2018 (contingent liability)		
Name of Player	Date of Birth	Date of transfer / loan	From Club	Unconditional transfer/loan fee to former Club	Recognized conditional transfer fee	Training compens./ solidarity contribution	Other direct costs	Total direct costs at 31/12/18	Total paid until	Total payable at 31 Dec 18	Payables to football Clubs	Due date(s)	Payable to other parties	Paid from 31 Dec 18 until 31 Mar 19	Total payable to Clubs at		Due date(s)	Comments
				(a)	(b)	(c)	(d)	(e)=(a)+(b)+(c)+(d)	(f)	(g)=(e)-(f)	(h)		(i)=	(j)	(k)=(g)-(j)			(k)
Acquired players																		
Loaned players																		
Total								(1)		-2								

Comments:

(1) →

(2) →

We confirm the completeness and accuracy of the information provided in this table

Signature (President)

Signature(Hon Secretary)

Signature.....(Treasurer)

Club:

Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

CONTRACTUAL OBLIGATIONS TOWARDS MEMBER CLUBS

This is to confirm that we have met all our financial obligations arising from contractual agreements with Member Club mentioned below for the period: From _____ to _____.

(Period covered: Financial Year 2018)

We confirm that payments were made by: (insert date) _____

Member Club: _____

Transfer of Player: _____

Applicant Club:	Member Club (creditor):
Name of Treasurer:	Name of Treasurer:
Signature:	Signature:
Date:	

The MFA reserves the right to reconcile the information provided above with the Club's audited financial statements, interim statements, player contracts etc.

(This form has to be filled for each and every Club with whom the Club was/is in agreement with regarding a player's transfer).

).

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

CONTRACTUAL OBLIGATIONS TOWARDS MEMBER CLUBS

This is to confirm that we have still pending financial obligations arising from contractual agreements with Member Club mentioned below for the period: From _____ to _____.

(Period covered: Financial Year 2018)

Member Club: _____

Transfer of Player: _____

Total amount due: _____ (words) (€ _____)

For the period: _____

This amount will be paid as follows:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.

APPLICANT CLUB:		MEMBER CLUB (Creditor):	
Name and signatures of Club Officials		Name and signatures of Club Officials	
President:		President:	
Secretary:		Secretary:	
Treasurer:		Treasurer:	

The MFA reserves the right to reconcile the information provided above with the Club's audited financial statements, interim statements, player contracts etc.

This form has to be filled for every member with whom the Club has pending financial obligations

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

LIST OF PLAYERS REGISTERED WITH THE CLUB as at 31.01.2019

PROFESSIONAL PLAYERS

.....FC

	Player's Name	Full-Time / Part-Time	Contract Period From - To	Monthly Salary €	Bonus (if any) €	Payable (e.g. monthly)
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
14						
15						
16						
17						
18						

We fully understand and accept that further details, explanations, confirmations of payments and receipts regarding the above-mentioned obligations are being presented to the relative authorized staff and bodies of the Licensor. We also declare to report to the Licensing Body any overdue payments resulting from the above-mentioned contractual obligations. **(Clubs must provide documentary evidence of any changes to the original contracts).**

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

LIST OF OTHER EMPLOYEES WITH THE CLUB as at 31.01.2019

OTHER EMPLOYEESFC

Applicable only to those persons who are paid on a full-time or part-time basis to perform duties as a Coach, General Manager, Club Secretary, Finance Officer, Medical Doctor, Physiotherapist, Security Officer, Supporters Liaison Officer, Disability Access Officer, Media Officer.

Name of Employee	Position	Full-Time/ Part-Time	Contract Period From-To	Monthly Salary €	Bonus (if any) €	Payable

We fully understand and accept that further details, explanations, confirmations of payments and receipts regarding the above-mentioned obligations are being presented to the relative authorized staff and bodies of the Licensor. We also declare to report to the Licensing Body any overdue payments resulting from the above-mentioned contractual obligations. **(Clubs must provide documentary evidence of any changes to the original contracts).**

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Date.....

MALTA FOOTBALL ASSOCIATION

FORM LS (UEFA) 4

Application for a UEFA Licence For Season 2019/2020

FINANCIAL CRITERIA

EMPLOYEE PAYABLES TABLE AS AT 31 DECEMBER 2018 (UPDATED IN 31 MARCH 2019)

Employee details				Amount payable to employees at 31 Dec 2018									Amount payable to employees at 31 March 2019			
Name	Position/Function	Start date	End date	Total payable at 31 Dec 18	Monthly Salary	Due date(s)	Bonuses due	Due date(s)	Contractual installments	Due date(s)	Other compensations	Due date(s)	Paid from 31 Dec 18 until 31 Mar 19	Total amount payable at 31 Mar 19	Due date(s)	Comments
				(a)=(b)+(c)+(d)+(e)	(b)		(c)		(d)		(e)					
Professional players																
Administrative, technical and medical staff																
Other staff not covered by regulations																
Total				(1)												

Comments:

(1) → Aggregate figure must be reconciled with the "accounts payables to employees" as disclosed in the Balance Sheet in the annual financial statements

We confirm the completeness and accuracy of the information provided in this table.

Signature (President) Signature(Hon Secretary) Signature.....(Treasurer)

Club: Date.....

MALTA FOOTBALL ASSOCIATION

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

SOCIAL/TAX PAYABLES TABLE AS AT 31 DECEMBER 2018 (UPDATED IN 31 MARCH 2019)

Social/tax authorities	Amount payable to social/tax authorities at 31 Dec 2018											Amount payable to social/tax authorities at 31 March 2019				
	Name	Total payable at 31 Dec 18	December declaration/return	Due date	November declaration/return	Due date	October declaration/return	Due date	September declaration/return	Due date	Older payables	Due date(s)	Paid from 31 Dec 18 until 31 Mar 19	Total amount payable at 31 Mar 19	Due date(s)	Comments
	(a)=(b)+(c)+(d)+(e)+(f)	(b)		(c)		(d)		(e)		(f)		(g)	(i)=(a)-(g)			
Social authorities																
Social 1																
Social 2																
Tax authorities																
Tax 1																
Tax 2																
Total	(1)															

Comments:

(1) → Aggregate figure must be reconciled with the “accounts payables to social/tax authorities” as disclosed in the Balance Sheet in the annual financial statements

We confirm the completeness and accuracy of the information provided in this table.

Signature (President) Signature (Hon Secretary) Signature (Treasurer)

Club: Date.....

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

CONTRACTUAL OBLIGATIONS TOWARDS THE CLUB'S EMPLOYEES

This is to confirm that we have met all our financial obligations arising from contractual agreements to the employee mentioned below for the period: From _____ to _____.

(Period covered: Financial Year 2018)

We confirm that payments were made by: (insert date) _____

Name: _____ MFA No: (if applicable) _____

Position: _____

EMPLOYEE	TREASURER
Name:	Name:
Signature:	Signature:
Date:	

The MFA reserves the right to reconcile the information provided above with the Club's audited financial statements, interim statements, player contracts etc.

(This form has to be filled for each and every person who is on the Club's payroll).

FORM LS (UEFA) 4

Application for a UEFA Licence for Season 2019/2020

FINANCIAL CRITERIA

CONTRACTUAL OBLIGATIONS TOWARDS THE CLUB'S EMPLOYEES

This is to confirm that we have still pending financial obligations arising from contractual agreements to the employee mentioned below for the period: From _____ to _____.

(Period covered: Financial Year 2018)

Name : _____

Position : _____

Total amount due: _____ (words) (€ _____)

For the period: _____

This amount will be paid as follows:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.

APPLICANT CLUB:		MEMBER CLUB (Creditor):	
Name and signatures of Club Officials		Name and signatures of Club Officials	
President:		President:	
Secretary:		Secretary:	
Treasurer:		Treasurer:	

FORM LS (UEFA) 5

Application for a UEFA Licence for Season 2019/2020

INFRASTRUCTURE CRITERIA

AVAILABILITY OF STADIUM FOR UEFA COMPETITION MATCHES

UEFA Competitions 2019/2020 matches in which our Club may be involved will be played at:

Centenary Stadium – Ta' Qali provided by the Malta Football Association as the legal owner of the Stadium.

(In the case that the applicant is not the legal owner of the Stadium, an authenticated copy of the contract must be attached).

Signature(President)

Signature(Hon Secretary)

Signature(Treasurer)

Date.....

Club:

FORM LS (UEFA) 5

Application for a UEFA Licence for Season 2019/2020

INFRASTRUCTURE CRITERIA

CLUB'S TRAINING FACILITIES

A Club which is the Owner of its Training FacilitiesFC

(i)

We would like to declare that the Club is the owner of the under-mentioned infrastructure facilities situated at which is available for training to all the Club's teams participating in Competitions approved by the Malta Football Association. (*Ownership Certificate attached (not to be submitted unless changes have been done)*).

These training facilities consist of:

1	An outdoor Field of Play measuring metres by metres with natural grass / artificial grass/hard surface (<i>delete as applicable</i>).
2	Two Dressing Rooms each measuring: Dressing Room No. 1 metres by metres Dressing Room No. 2 metres by metres Equipped with benches and each having: Dressing Room No. 1 (.....) no. of showers and (.....) toilets. Dressing Room No. 2 (.....) no. of showers and (.....) toilets. <p style="text-align: right;"><i>(Fill in as applicable)</i></p>
3	A Medical Room measuring metres by equipped with First Aid Equipment. Defibrillator details: Brand: _____ Serial No: _____ <i>(Fill in as applicable)</i>

(ii) **A Club which is Not the Owner of its Training Facilities**

Since the Club is not the owner of the training facilities or the Club's training facilities are not to the required standard established in **Clause 24 and 25** of the **UEFA Licensing & Financial Fair Play Regulations Applicable To Premier Division Member Clubs**, we have entered into a written agreement with another entity providing the Club with adequate training facilities of the above-mentioned Regulations. (**A copy of the contract must be attached**).

Signature (President)

Signature(Hon Secretary)

Signature (Treasurer)

Date.....