

(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).*

**This is to be filled by related parties (Committee Members)**

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

**(DATE)**

Dear Sir,

I confirm that as at 31.12.2020 amounts due to me from **(INSERT CLUB NAME)** amounted to € **(INSERT AMOUNT in words and figures)**. These amounts are unsecured and interest free

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 2021-2022.

Yours sincerely,

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