

Confederation's Compliance Form For IBA Financial Support Program 2024

Please handwrite in CAPITAL LETTERS for clarity

CONFEDERATION:

Name of the Confederation

Full address

Phone number

Email address

By filing out this form, the undersigned Confederation applies to be considered for an IBA Financial Support Program (FSP) Grant in accordance with IBA Financial Support Program Regulations.

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By signing this form, the Confederation confirms that:

- It has read, understood, and agrees to be bound by and comply with the IBA Financial Support Program Regulations;
- It agrees to be bound by and respects any decision to be taken by the relevant bodies within IBA with reference to the FSP, including the IBA Board of Directors, the FSP Office and the IBA Tribunal;
- It has a strategic project or plan approved by the IBA FSP Office;
- It does not have its own adequate financial means for supporting all of its boxing development and/or management activities and it is attaching herein evidence such as the audit account balance and income statement amongst other documents and if, the above is not available, is providing the approved financial statements;
- It is and will be at all times in full compliance with all its obligations toward IBA as a Confederation, notably under the Membership Policy;
- Its own constitution, statutes and regulations are compliant with IBA Constitution and regulations;

- It has appointed an FSP Manager, who may be either the Secretary General or another appointed official and who is responsible for monitoring the implementation
- of the FSP Grant in the domain of the Confederation;
- It will comply with its obligations to provide IBA with a biannual activity report and the details of all payments made out of the FSP Grant (if applicable);
- It will pay and hold IBA harmless of any taxes, duties, charges, costs, fees, and expenses possibly due on the delivery of the FSP Grant to the Confederation;
- It holds an official bank account opened in its name, as IBA will only make payments on such to an officially recognized bank account.

SIGNED ON BEHALF OF THE CONFEDERATION

First Name

Last Name

Male Female

Position in the Confederation

Date of birth

Gender

Full address of residence

Phone number

Email address

Place and date of signature

Signature

SIGNATURE OF THE FSP MANAGER

Only if different from the Confederation authorised signatory mentioned above

By signing this form, the undersigned person accepts to act as FSP manager and to assume the responsibility of monitoring the implementation of the FSP grant within the domain of the Confederation

First Name

Last Name

Place and date of signature

Signature

This form shall be submitted to IBA Financial Support Program Office at international@iba.sport at least 3 (three) months before the date of a relevant sport/competition event for which an FSP grant is sought.