



FÉDÉRATION INTERNATIONALE DE PHILATÉLIE

APPLICATION FOR CROSS ACCREDITATION

1. PERSONAL INFORMATION

| | | | |
|--------------------|--|------------|--|
| Name | | Tel. home | |
| First Name | | | |
| Address | | Tel mobile | |
| Zip Code/City | | E-mail | |
| Country | | | |
| Current profession | | | |

2. QUALIFICATIONS

(please indicate your best result for each Exhibit in the Class you wish to be cross accredited, min. Vermeil)

| Class | Title of Exhibit | N° frames | Award | Show (Name/Year) |
|-------|------------------|-----------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |
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3. FIP JURY SERVICE

(Please indicate where and in which competitive class you served as juror – minimum three times)

| Year | Name of Exhibition | City/Country | Class | Team Leader |
|------|--------------------|--------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. CROSS ACCREDITATION IN DESIRED CLASS

(Please indicate in which class you would like to be cross accredited)

| | | | | | |
|--|---|--------------------------------------|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Aerophilately | <input type="checkbox"/> Astrophilately | <input type="checkbox"/> Literature | <input type="checkbox"/> Maximaphily | <input type="checkbox"/> Postal History | |
| <input type="checkbox"/> Postal Stationery | <input type="checkbox"/> Thematic | <input type="checkbox"/> Traditional | <input type="checkbox"/> Revenues | <input type="checkbox"/> Youth | <input type="checkbox"/> Other |

5. ATTENDED FIP QUALIFYING SEMINARS IN THE DESIRED CLASS

| Seminar (Subject) | City | Exhibition | Year | Organised by |
|-------------------|------|------------|------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. APPLICATION THROUGH THE NATIONAL FEDERATION

| | |
|-----------------------------|-----------|
| Name of National Federation | |
| Name of officer | |
| Title or office | |
| Date | Signature |

7. EXHIBITION PREFERRED FOR CROSS ACCREDITATION :

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

Please send properly filled in form to:
KELLY ONG, FIP SECRETARY, 18 BOON LAY WAY TRADEHUB 21 #02-127 SINGAPORE 609966
EMAIL: KELLY@F-I-P.CH