

Photo Competition: Registration Form

Time to care...

Surname / Name _____ ID No. _____

Address _____

_____ Tel No. _____

Email address _____ Mob No. _____

Signature _____ Date _____

In the case of minors (under 16), guardians are kindly requested to sign below:

Signature _____ Date _____

All interested participants must register by **Monday 16th September**.

Please print this form, sign, scan and return a copy via email to **info@apsbank.com.mt** or by post to APS Bank plc, Marketing Department, APS Centre, Tower Street, Birkirkara BKR 4012, Malta