|  |
| --- |
| 1. **MEMBER NAITONAL ASSOCIATION INFORMATION**
 |
| Country Name: |  |
| Name of National Association: |  |
| Name of President: |  |
| Postal Address: |  |
| Contact Number: |  |
| Office Email: |  |
| Contact details of person in charge of this application | Name | Position | Email | Contact Number |
|  |  |  |  |
| 1. **EQUIPEMENT REQUESTED**
 |
| Please visit the below link of WT Recognized Companies:[http://www.worldtaekwondofederation.net/wtf-partners/recognized](file:///D%3A%5C02_Development%5C01_Development%20Program%5C2017%5CGuidelines%20and%20forms%5CDraft_new%5CEquipment%20Request%20Form.docx)/  |
| *Note: The amount of funds for equipment support is limited and the WT may not be able to support your request to the full. Therefore, please list your equipment request in order of priority to your MNA. For saving deliver costs, you are recommended to choose one supplier company instead of multiple companies.* |
| Quantity | Item | Company | Product code |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **AUTHORIZATION**
 |
| Signature of President |  | MNA Stamp |  |
| 1. **SUBMISSION**
 |
| Please send this form back to the WT Member Relations & Development Dept. Email: member@worldtaekwondo.org  |
| 1. **ELIGIBILITY / QUALIFICATION**
 |
| * Please read carefully the Guidelines on 2019 Development Program to ensure your MNA is eligible and qualified.
 |