



Fédération Internationale
de Basketball

FIBA

International Basketball
Federation

We Are Basketball

INDIVIDUAL COMMISSIONER INFORMATION FORM

Please complete both sides of this form in **BLOCK CAPITALS**

1. Commissioner's personal data

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	FIBA Licence No.:	
Family (last) name:				
First (given) name:				
Date of birth:		Day:	Month:	Year:
Home address		Street:		
		City:		Postcode:
Telephone:	Private	country code	city code	number
		(-)		
	Office	country code	city code	number
		(-)		
Mobile phone:	Private	country code	city code	number
		(-)		
	Office	country code	city code	number
		(-)		
Fax:	Private	country code	city code	number
		(-)		
	Office	country code	city code	number
		(-)		
E-mail:	Private			@
	Office			@
National Federation of:				

(Date)

(Commissioner's Signature)

Please turn over →

2. Commissioner's biography:

Family (last) name:	
First (given) name:	
Country of residence:	
Date of birth:	Day: Month: Year:
Education (highest degree):	
Profession:	
Marital status:	
Languages spoken	Very well:
	Well:
Languages written	Very well:
	Well:
Former referee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former FIBA referee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
FIBA referee:	From: To:
Former basketball player:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former basketball coach:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former basketball manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No
National commissioner since:	
Clinic for International FIBA Commissioner Candidates successfully passed	
	Country/City Date(Day-Month-Year)
Most recent Refresher Clinic for International FIBA Commissioners successfully passed	
	Country/City Date(Day-Month-Year)