DATE RECEIVED



34 DAWSON STREET DUBLIN 2, D02 RF90

> TEL.: 01-677 5628 FAX: 01-671 0793

INFO@MOTORSPORTIRELAND.COM

MOTORSPORTIRELAND.COM

2024 COMMERCIAL ENTRANT REGISTRATION FORM

MI LICENCE NO.																	
NAME																	
DATE OF BIRTH			-		-												
ADDRESS																	
TOWN																	
COUNTY																	
EIRCODE																	
PHONE																	
EMAIL																	
ORGANISATION N	NAN	ΛE															
ORGANISATION ROLE																	

REQUIREMENTS:

A COPY OF THE COMPANY'S CERTIFICATE OF INCORPORATION AS A LIMITED COMPANY WITHIN THE REPUBLIC OF IRELAND MUST BE INCLUDED WITH THIS APPLICATION, THE COMPANY NAME MUST BE IDENTICAL TO THAT LISTED ABOVE.

I / WE ENCLOSE AND AUTHORISE THE FOLLOWING REGISTRATION FEE TO BE CHARGED										
NATIONAL COMMERCIAL ENTRANT LICENCE	€500									
INTERNATIONAL COMMERCIAL ENTRANT LICENCE	€1500									

• L have read and understood the terms of issue and Lam a permanent resident of the Republic of Ireland and/or Lam an Irish National and Ldo not hold a

current Competition Licence from any other ASN. I hold an Irish passport or I will supply proof of permanent residency within the ROI every year.
• I hereby apply for registration for the year 2024 on the Competitors and Drivers Register of Motorsport Ireland I undertake, if registered, to submit to
and be bound by the International Sporting Code of the FIA, the General Competition Rules of Motorsport Ireland, the Motorsport Ireland General Code
of Conduct and Code of Conduct for children's sport, the Motorsport Ireland Social Media Policy and Garda Vetting Policy, the Motorsport Ireland
yearbook and any regulations supplementary thereto as may be imposed from time to time by Motorsport Ireland. In particular I confirm that I have read
the Garda Vetting Policy of Motorsport Ireland and confirm that I have or will disclose the relevant information noted therein to Motorsport Ireland. I
also acknowledge that failure by me to disclose any such information could result in my licence been suspended or revoked by Motorsport Ireland.

APPLICANT'S SIGNATURE	DATE

DATE RECEIVED



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2024 PAYMENT FORM

SECTION 1: PERSONAL DETAILS

FIRST NAME																												
SURNAME																												
DATE OF BIRTH			/			/																						
				•	•									•	'													
MI LICENCE NUMBER																												
SECTION 2: PAYMENT OPTIONS																												
CARD NUMBER EXPIRY CVV															.vv													
						-						-									-							
EXACT NAME ON CA	ARD:																											
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I authorise Motorsport Ireland to deduct the cost of any product / licence / service selected on this or any accompanying form or document which I have provided including all relevant and specified additional costs. Alternatively, I have provided																												
the correct value in				_					_					-					USI.). A	terr	iati	very	,	ave	pic	viu	Eu
- the correct value in			0		icqu	.c, c	u311,	pos	, cui	0. u	C. u						5	 •••										
SIGNATI	IRF:																											
Sidikit	J.,																											

IN ACCORDANCE WITH 2018 GDPR GUIDELINES, THIS PAGE WILL BE DESTROYED ONCE PAYMENT HAS BEEN COMPLETED.

ANY SUBSEQUENT CHARGES TO YOUR ACCOUNT WILL REQUIRE FURTHER AUTHORISATION.