**AGENT REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Nationality |  | Passport No. |  |
| Mobile Phone |  | E-mail Address |  |
| Valid FIBA License No. |  | FIBA License  Issued Date |  |
| Name of Agency |  | Office Phone |  |
| Office Address |  | | |

※ By signing below, I, as the Registered WKBL Agent have understood and agreed to the contents of the regulation and will remain faithful.

**Date yyyy/mm/dd**

**Signature**

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Documents MUST be submitted:

1. A Copy of Valid FIBA Agent License
2. A Copy of Passport
3. Agreement for WKBL Registered Agent