

CIVA TA CLAIM 2023

FA	AEROBATICS COMMISSION	L EIAC		IAC L	LAC L	WAAC
		Pers	onal Info	rmation		
Na	ıme:					
Ac	ldress:					
Country:			Postal code:			
Те	lephone:		E-mail:			
	В	ank Inform	nation (fo	r wire tr	ansfer)	
Ва	nk name:					
Ac	count name:					
Sv	vift code:					
IB	AN code:					
Ва	nk address:					
	Summary of Expenses					
CO DE		DESCRIPTION			Amount i payment currency	s Amount
Α						
В						
С						
D						
E						
F						
G						
				ТО	TAL	
	declare hereby I				expenses claim	
-				Doto		