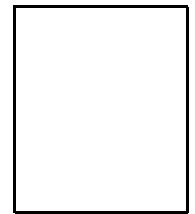




# KATEGORI: LE TOUR DE FEMINA BORANG PERMOHONAN LESEN TAHUN 2019 PERSEKUTUAN KEBANGSAAN BERBASIKAL MALAYSIA



## MAKLUMAT PEMOHON

**Alamat:**

No.3-24, Jalan PM9  
Plaza Mahkota, 75000  
Melaka

Tel : 06-2830150

Faks : 06-2836786

**Email :**

pkbmalaysia@gmail.com

**Website:**

www.mncf.org.my

Borang ini telah diterima dan disahkan oleh Pengerusi Jawatankuasa Teknikal & Kejohanan PKBM untuk pengeluaran lesen.

Disokong & Disahkan:

Pengerusi Jawatankuasa Teknikal & Kejohanan Persekutuan Kebangsaan Berbasikal Malaysia  
Tarikh : \_\_\_\_\_

Diluluskan:

Presiden  
Persekutuan Kebangsaan Berbasikal Malaysia  
Tarikh : \_\_\_\_\_

**Insurans:**

Syarikat Insurans : Pacific Insurance Berhad

Jenis Insurans : Insurans Am Berkelompok

Kadar Caruman : RM 15,000

- Tempoh Kuatkuasa Lesen ialah Sebulan Selepas Penerimaan Borang Sehingga 31 Disember Setiap Tahun.
- Tahap Kecederaan : Minimum Patah Tulang @ Kecederaan Yang Lebih Serius Lengkap Dengan Laporan Rawatan Doktor.
- Insurans Kemalangan Akan Berdasarkan Bil Rawatan Kecederaan & Bayaran Maksimum Sejumlah RM500.

Nama : (Seperti Di dalam Kad Pengenalan)


No. Kad Pengenalan :

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Tarikh Lahir :

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No. Tel :

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Alamat Email :

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Warganegara:

MAS	Lain: _____
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Status :

Bujang	Berkahwin
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Jantina :

L	P
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Alamat Surat Menyurat:


Alamat Tetap:


## MAKLUMAT PENJAGA / IBU BAPA / ISTERI / SUAMI

Nama :


No. Tel :

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Hubungan :

Ibu Bapa/ Isteri/ Suami/ Penjaga

(Potong mana tidak berkenaan)

## PENGAKUAN PEMOHON :

Saya mengaku segala butiran dan maklumat yang diberikan adalah benar dan telah memahami syarat- syarat dan peraturan yang telah ditetapkan oleh PKBM dengan permohonan lesen ini dan berjanji akan mematuhi segala peraturan yang telah ditetapkan kepada saya dan sekiranya saya melanggar peraturan yang telah ditetapkan,

maka tindakan disiplin dan seterusnya tindakan undang- undang boleh dikenakan ke atas saya.

Kategori :

Pegawai  Pelumba \_\_\_\_\_

Tandatangan Pemohon :

**Yuran Pendaftaran :**

**Warganegara: RM 80**

**Bukan Warganegara : RM 150**

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Tarikh : \_\_\_\_\_

## KEGUNAAN PEJABAT

Pihak kami tidak akan bertanggungjawab sekiranya lesen dikembalikan semula oleh pihak GDEX dan tiada pengesahan kali kedua akan dibuat. Sila pastikan alamat surat- menyurat adalah betul.

**UCI ID :**

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**Maklumat Bank:**  
Hong Leong Bank Berhad  
A/C : 026-000-27034



**Union  
Cycliste  
Internationale**



**DECLARATION & ACKNOWLEDGEMENT**

- 1 I hereby declare that I am aware of no reason why I should not be granted the requested license. I undertake to spontaneously return my license in the event of any substantial change to the circumstances existing at the time of the application for a license. I declare that I have not applied for a license for the same year to the UCI or to any other national federation. I assume exclusive liability for this application and for the use that I shall make of the license.
  
- 2 I hereby undertake to respect the constitution and regulations of the International Cycling Union, its continental confederations and its national federations. I declare that I have read or have had the opportunity to become with aforesaid constitution and regulations. I shall participate in cycling competitions on events in a sporting and fair manner. I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in the regulations. I accept the Court of Arbitration for Sport (CAS) as the sole competent body for appeals in such cases and under the condition set out in the regulations. I accept that the CAS shall be the court of last instance and that its decisions shall be definitive and without right of appeal. With those reservations, I shall submit any litigation with the UCI solely to the courts within whose jurisdiction the head offices of the UCI lie.
  
- 3 I agree to submit to and be bound by the UCI antidoping regulations, the clauses of the World Antidoping Code and its international Standards to which the UCI antidoping, regulations refer and to tie antidoping regulations of other competent bodies as per the regulations of the UCI and the World Antidoping Code provided that they comply with that Code. I agree that the results of the analysis may be made public and communicated in detail to my club or team or my paramedical assistant or doctor. I agree that all urine samples taken shall become the property of the UCI which may have them analysed, especially for purposes of health protection research and information. I agree that my doctor or the doctor of my club or team may, on a request from the UCI, communicate to it a list of any medicines I may take and treatment I may undergo before any given competition.
  
- 4 I accept the conditions regarding blood testing and accept to undergo blood tests.

Date :

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Signature of applicant :

(Name :

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Signature of National Federation President :

Datuk Hj Abu Samah Wahab