

REQUEST FORM FOR CLASSIFICATION REVIEW FOR SAMBO ATHLETES WITH VISUAL IMPAIRMENT

- To be fully filled in English, in CAPITAL LETTERS, typed or black ink. All fields must be filled.
- Send 3 months prior to Classification.
- Attach a Medical Report and updated MDF to this REQUEST.
- A fee must be paid when sending this **REQUEST**. (Reimbursed if the request is accepted and Class changes):100 \$. See below details of the bank.
- At Classification athlete must show the originals of this **REQUEST** the **MDF** and the Medical Reported.

I - ATHLETE INFORMATION (as in National Identification Card or Passport)						
Last name(s):	First name:	RN				
	Male Date of Birth: dd / mm / yyyy Country:					
	The National Federation (NF) certifies that there are no health risks and c					
•	ete at a competitive level in the above sport. NF keeps all the relevant medica					
regarding this.	the at a competitive level in the above sport. 141 keeps an the relevant meases	Il and legal documents				
icgalumg uns.	Dote: dd / mm / yyyy					
Name	signature Date: dd / mm / yyyy					
II - PREVIOUS	S CLASSIFICATIONS					
Sport: SAMBO						
Last National C	lassification: Year: Class: SVI-1 SVI-2					
Last Internation	al Classification: Year: Place:					
Current Internat	ional Classification: New 🗆 CNC 🗆 Protest or Reclassification accept	ed □				
 International (Classification for other Sports: No□ Yes□:					
Sport:	Last Class:Year:					
						
III - REASON ON THE CHANGES IN IMPAIRMENT						
Improvement □	Deteriorated □	Disease Progression				
New optical corr	rection / aids used at competition :	Medical Treatment				
Spectacles C	ontact lenses Sun or filter glasses	Surgery or Laser				
Optical	Right eye: Sph Cyl Axis ()	Treatment □				
correction:	Left eye: Sph Cyl Axis (☐ Mandatory:				
		attach a short medical				
Updated MDF (classification)	report to this request					
Request accepte	d: □ No □ Yes					
FIAS Head of Classification Date: dd / mm / yyyy						
1 22 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name signature	Date: 22 , ,				

Athlete last name	RN	

IV - FEE

Fee paid: Amount:	, currency:		Date: dd / mm / yyyy					
Bank accounts: Origin: NIB:	Transfer to: NIB:							
IBAN:	IBAN:		BIC/SWIFT:					
		BIC/SWIFT:		· · · · · · · · · · · · · · · · · · ·				
National Federation:								
				_ Date: dd / mm / yyyy				
Name (stamp)		signature						
Fee received: ☐ No ☐ Yes FI	AS Accountant:			Date: dd / mm / yyyy				
signature Class changed after classification review: □ No (no fee reimbursement) □ Yes (fee reimbursement)								
Fee reimbursement: Amount		, currency:		Date: dd / mm / yyyy				
☐ Sent to bank: NIB:		Paid cas	h					
IBAN :		BIC/SWIFT:						
FIAS Accountant, or:								
□ Received	Name		Si	gnature				
	Name		S	gnature				
V – REASSESSMENT RESULT	,							

After Classification Review: Class changed: □ No (no fee reimbursement) □ Yes (fee reimbursement)

 $CNC \square$

 $NE \square$

FIAS BANK DETAILS:

Class: SVI-1

The International SAMBO Federation (FIAS)

Bank beneficiary: BANK RBK JSC / AO «Bank RBK»

SVI-2

SWIFT KINCKZKA

KZ1182119GSV10000005 (KZT)

KZ6582119GSV10000003 (USD)

KZ3882119GSV10000004 (RUB)

KZ2782119GSV10000008 (RUB)

KZ5482119GSV10000007 (EUR)

KZ9782119GSV10000009 (CHF)

For transfers USD:

The Bank of New York Mellon SWIFT: IRVTUS3N

Corr.Acc 8901358703

For transfers CNY:

ДБ АО «Банк Китая в Казахстане»

SWIFT BKCHKZKA

KZ559139882102010CNY

For transfers EUR:

The Bank New York Mellon, Frankfurt branch

SWIFT IRVT DE FX

Corr.Acc 994 965 97 10

For transfers EUR:

Raiffeisen Bank International AG, Vienna, Austria

SWIFT: RZBAATWWXXX

Corr.Acc 1-55.092.704

For transfers in Swiss francs (CHF)

Raiffeisen Bank International AG, Vienna, Austria

SWIFT: RZBAATWWXXX

Corr.Acc 73-55.092.704