



For Official Use

Our Reference No:

Date Received:

**APPLICATION FORM FOR OTTOBOCK SPECIALISED WHEELCHAIR AND SEATING SOLUTIONS
SONIA TANTI INDEPENDENT LIVING CENTRE (STILC)**

Date: _____
Name: _____
Surname: _____
ID card no: _____
EU Disability Card Number: _____

Male Female Other

Date of birth: _____
Contact no: _____
E-mail: _____
Address: _____

Reason for application: _____

Does the client need:

Seating Wheelchair base

Signature of applicant: _____ Date: _____

Signature of parent/ guardian: _____ Date: _____

This section has to be filled in as otherwise application cannot be processed.

In the case of minors, this section is to be filled by the parent/ guardian.

I, _____ (name and surname), holder of identity card number _____, authorise Aġenzija Sapport to share information provided in this form with Ottobock Plc in order to process this application and receive the service.

Signature

Kindly return form to Aġenzija Sapport on postal address STILC, Ċentru Pastorali Qalb ta' Ġesù, Triq il-Bizantini, Qrendi or via email on stilc.sapport@gov.mt.