THE MALTA COMMUNITY CHEST FUND
FOUNDATION

MCCFF use only
Reference Nr:
MCCFF_____/_____
Date_____

WIGS APPLICATION FORM

Details of the Person applying for the Wig

Surname:_____Name:_____

Address: _____

_____

Town _____ Postal Code:_____

Country_____

Telephone Number_____ Mobile_____

Date of Birth_____ ID Card Number _____

Email_____

With this application, kindly attach a note from the doctor highlighting the need of a wig and also a copy of the ID Card.

_____ _____

Signature of Applicant **Date of Application**