

THE RIVER FAUGHAN ANGLERS LIMITED

Unit 3B Ballinaska Park, 18 Ballinaska Road, Springtown Industrial Estate BT48 0NA

APPLICATION FORM FOR A PERMIT TO FISH THE RIVER FAUGHAN

NAME: _____

REC. NO. _____

ADDRESS: _____

Notified...../...../.....

POSTCODE: _____ Tel No: _____

E MAIL ADDRESS _____

CATEGORY OF APPLICATION AND FEE APPLICABLE, PLEASE TICK ONE BOX BELOW

ADULT £10.00

O.A.P. £10.00

JUVENILE (under 16 years) £3.00

Date of Birth (all categories)

...../...../.....

ONE (1) PASSPORT SIZE PHOTOGRAPH IS REQUIRED WHEN APPLYING

Have you ever been convicted of an offence under The Fisheries Acts YES/NO

Have you ever been refused a fishing permit or had it revoked YES/NO

If YES please give details:

N.B. IF APPLICATION IS SUCCESSFUL, FIRST SEASON PERMIT WILL BE AWARDED ON A PROBATIONARY BASIS WITH DECISION ON FULL MEMBERSHIP ISSUED AT START OF FOLLOWING SEASON ALL APPLICANTS MUST NOMINATE A GUARANTOR (WHO MUST BE AN ADULT AND A CURRENT PERMIT HOLDER). GUARANTOR 'S PERMISSION TO NOMINATION MUST HAVE BEEN AGREED

GUARANTOR'S NAME _____

PERMIT NUMBER _____

GUARANTOR'S ADDRESS _____

I DECLARE THAT SHOULD I BE GRANTED A PERMIT I AGREE TO ABIDE BY THE COMPANY RULES

SIGNED _____ **DATE** _____

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