

## Declaration of Eligibility

Please **handwrite** in CAPITAL LETTERS using a black pen

CANDIDATE

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Title in Federation*

\_\_\_\_\_  
*Name of Federation*

**By signing this document, I hereby confirm having taken knowledge of the eligibility conditions set forth by the AIBA Statutes and Bylaws [and by the Constitution of [Insert National Federation Name].**

**I declare that my candidature fully complies with all requirements of the AIBA Statutes and Bylaws (article 35 of the Statutes and article 10 of the Bylaws)[and article XX of the Constitution]**

**In particular, I hereby confirm that:**

- **I do not have any criminal record;**
- **I have not been sanctioned for severe violations of the AIBA regulations (such as AIBA Statutes, AIBA Bylaws, AIBA Code of Ethics, AIBA Technical & Competitions Rules, AIBA Disciplinary Code and Procedural Rules);**
- **I have no personal, family or other indirect business interest in boxing;**
- **I have resigned from any position of paid employee of any National Federation or Confederation;**
- **I am not, and I will not attempt to be, member of any outside professional boxing organization;**
- **I do not have, and I will not attempt to have, any position in any outside professional boxing organization;**

*Additional comments concerning any of the above statements (optional)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I confirm that the above declaration is correct and contains all relevant information within my knowledge. I acknowledge that if the declaration is found to be untrue and/or additional information becomes available my candidature and any subsequent election results may be deemed void. I confirm that if any relevant information becomes available at a later stage I will advise my National Federation accordingly. I acknowledge that failure to make a full declaration may result in disciplinary action. I confirm that this form may be provided to AIBA for review and confirmation of eligibility.**

\_\_\_\_\_  
*Original Signature*

*(Electronic signature and/or stamp will not be accepted)*