



Athlete Name: _____

ATHLETE CHANGE OF INFORMATION FORM

PLEASE READ THE ATHLETE CHANGE OF INFORMATION FORM
INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Personal Information (MUST BE COMPLETED)

1. NAME: _____
SURNAME GIVEN NAMES
2. DATE OF BIRTH: _____
DAY MONTH YEAR
3. ATHLETE PASSPORT NUMBER: _____
4. NATIONALITY: _____

Location/Schedule Updates (CHANGED DETAILS ONLY)

5.  **NEW PERMANENT RESIDENTIAL ADDRESS (R)**

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY TEL NUMBER (LANDLINE) TEL NUMBER (MOBILE)

6.  **NEW MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)**

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY

7.  **NEW E-MAIL ADDRESS** _____

8.  **CHANGED ADDRESS/TIMES FOR PRIMARY TRAINING VENUE (X)**

FACILITY NAME: _____
FACILITY ADDRESS: _____

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY TEL NUMBER



Athlete Name: _____

DAILY SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

9.  **CHANGED ADDRESS/TIMES FOR SECONDARY TRAINING VENUE (Y)**

FACILITY NAME:

FACILITY ADDRESS:

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY TEL NUMBER

DAILY SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

10. **CHANGED WORK SCHEDULE (Z)**

DAILY SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

11.  **ADDITIONAL TEMPORARY RESIDENTIAL ADDRESSES (A1....)**

NUMBER		STREET			TOWN/CITY		STATE/PROVINCE
POST CODE		COUNTRY			TEL NUMBER		
FROM	DAY	MONTH	YEAR	TO	DAY	MONTH	YEAR

12. **UPDATES TO TRAINING CAMP SCHEDULE (TC)**

ORGANISER NAME		START DATE			END DATE		
NUMBER		STREET		CITY	STATE/PROVINCE		COUNTRY
ORGANISER NAME		START DATE			END DATE		
NUMBER		STREET		CITY	STATE/PROVINCE		COUNTRY

13. **UPDATES TO COMPETITION SCHEDULE (E)**



Athlete Name: _____

NAME OF COMPETITION START DATE END DATE

NUMBER STREET CITY STATE/PROVINCE COUNTRY

NAME OF COMPETITION START DATE END DATE

NUMBER STREET CITY STATE/PROVINCE COUNTRY

14. CHANGES TO 3-MONTHLY PLAN

PLEASE OUTLINE ANY OTHER CHANGES TO 3-MONTHLY PLAN

15. ADDITIONAL INFORMATION

ADDITIONAL INFORMATION ATTACHED? YES / NO

PAGES: _____

16. SIGNATURE

I acknowledge that ATHLETE CHANGE OF INFORMATION FORM may be shared with the World Anti-Doping Agency and other relevant authorities as specified in the World Anti-Doping Code on the condition that the information be used for doping control purposes only.

I recognize that failure to provide accurate and adequate information may result in investigation and sanctions imposed by my governing body of sport.

Date: _____

Signature: _____

This information is to be forwarded to AIBA (International Boxing Association) by e-mail, fax or mail.

(☎ fax : +41-21 321 27 72)

(✉ e-mail : doping@aiba.org)

(📮 postal address :)

AIBA – International Boxing Association
Anne Bloch (Anti-Doping Administrator)
MSI, Avenue de Rhodanie 54
1007 Lausanne
Switzerland

INSTRUCTIONS FOR ATHLETE CHANGE OF INFORMATION FORM

PLEASE READ BEFORE FILLING OUT THE ATHLETE CHANGE OF
INFORMATION FORM






Personal Information

This information MUST be completed

- 1. NAME**
Provide your surname and given (first and middle) names
- 2. DATE OF BIRTH**
Provide the day, month, and year of birth
- 3. ATHLETE PASSPORT NUMBER**
If you have already registered for the WADA passport, insert your personal identification number here. If this does not yet apply to you, write NA
- 4. NATIONALITY**
Provide your nationality (the country you represent)

Location/Schedule Updates

Only complete those sections which have CHANGED since you submitted your quarterly location form. Provide as much detail as possible.

- 5.  NEW PERMANENT RESIDENTIAL ADDRESS (R)**
Provide your new address and telephone number. Include any new mobile numbers
- 6.  NEW MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)**
Provide your new mailing address
- 7.  NEW E-MAIL ADDRESS**
Provide your new e-mail address
- 8.  CHANGED ADDRESS/TIMES FOR PRIMARY TRAINING VENUE (X)**
Provide details of any change in your primary training venue, including full address and telephone number. Complete the revised daily schedule.
- 9.  CHANGED ADDRESS/TIMES FOR SECONDARY TRAINING VENUE (Y)**
Provide details of any change in your secondary training venue, including full address and telephone number. Complete the revised daily schedule.
- 10. CHANGED WORK SCHEDULE (Z)**
If your work schedule has changed, provide your revised work days/times
- 11. ADDITIONAL TEMPORARY RESIDENTIAL ADDRESSES (A1...)**
Provide the full addresses, and dates of any additional places you will stay during the quarter
- 12. UPDATES TO TRAINING CAMP SCHEDULE (TC)**
Provide the name, full addresses and dates of any additional training camps you will take part in during the quarter, or any changes to those already identified.

13. UPDATES TO COMPETITION SCHEDULE (E)

Provide the name, full addresses and dates of any additional competitions you will take part in during the quarter, or any changes to those already identified.

14. CHANGES TO MONTHLY PLAN

Give a detailed description of any changes to the 3-monthly plan already submitted. If necessary, attach an amended version of the plan, with changes highlighted.

15. ADDITIONAL INFORMATION

Indicate whether you have attached additional information on your whereabouts, and the number of pages. Attach any information you think may be helpful.

16. SIGNATURE

Read the acknowledgment, include the date and sign your name to declare that the information is correct.

Thank you for taking the time to fill out the form and demonstrating your commitment to doping-free sport.

CONTACT DETAILS

Please send the form **to be received at least 5 days in advance of changes** by e-mail, fax or mail to:

(IF address/Fax)

Should you have any further questions about the completion of the form, please do not hesitate to call (IF/ NF)