



Guidelines and definitions for the application for **local license** (1st January 2014 stood)

only for

Australia, Switzerland

- > The applicant is committed to complete the application fully and truthfully.
- > **The applicant must have a valid license (D)** or will be sought through ongoing training package. This must be accompanied by a copy. (This must be renewed every 2 years.)
- > The applicant must be able to teach qualified **EBMAS** Wing Tzun and / or Latosa Weapon System, in the proposed location / territory.
- > The reserved place / area must be active within 6 months and must not be represented by a pre-existing **EBMAS** school / club.
- > If the applicant does not succeed, to open a group during this period, this area is re-released.
- > For sales, transfer and / or re-allocations of local- / territorial protection must be given permission from the **EBMAS** headquarter.
- > **EBMAS** reserved all rights; other arrangements should be interned in writing and signed by Sifu Emin Boztepe.
- > The contract is for an indefinite period. **EBMAS** headquarter requires 2 months notice to before the renewal date to terminate a licence.

The licences right is not valid for the Police, Military, University, religious facilities and other national facilities, Company and allied Company (like BMW or similarities)

Local licenses are awarded according to population. Places that have less than 50 000 inhabitants or more than one postcode will be separated in postcode -areas.

Has a location not more than 50 000 inhabitants, there is only allowed one EBMAS Wing Tzun and one Latosa Weapon System school. At locations with more than one postcode, must be requested a postcode- area (e.g. 10179 Berlin). It will then be awarded accordingly.

All changes (e.g. relocation of the school or promotional activities, etc.) need to be announced 1 month in advance, in the EBMAS headquarter.

I have read the rules and provisions of this contract and agree with them.

Local reservation under

EBMAS / Grey Hills GmbH

Heinrich Heine Platz 9
D-10179 Berlin

Fon: +49-30-240 85 440 / Fax: +49-30-240 85 539
E-Mail: hqeuropa@ebmas.net / Website: www.ebmas.net

USt-Ident-Nr.: 37/124/20988 / Sales tax -ID-Nr.: DE 240 812 515



City / Date

Signature / local license

Last Name, Surname _____

EBMAS-Membership Nr. _____ Sifu? Yes / No _____

Classification Wing Tzun _____ Classification Escrima _____

Zip Code / Place _____

Street _____

Phone _____ Fax _____

E-Mail _____ Website _____

I have registered other group's _____

(Specify with Zip code) _____

The next located EBMAS-Clubs with Groups leader! (Please put the Zip code, Place name and Groups leader name)

Zip code / Place _____ Group leader _____

Zip code / Place _____ Group leader _____

Zip code / Place _____ Group leader _____

To granting of a license –apply for desired place. The current guidelines for the place reservation (see 1st page) are known to me. My statements are complete and truthful.

Date _____ Place _____ Signature _____

The desired Place with Zip code (Only completed application can be recognized!)

Zip code/ Place _____ National /Country _____

State _____ ca. Resident _____

Discipline, which should be taught (Please check the right field)

Wing Tzun: monthly € 40, 00

just Latosa Weapon System: monthly € 40, 00

Wing Tzun & Latosa WS. € 60,00

Please do not apply any License fee for Children / Women / Seniors Clubs in EBMAS WT or Latosa WS. (It has to be a EBMAS WT or / and Latosa WS registered)

Time and notice

The local license is granted indefinitely and must be terminated no later than two months before the end of teaching in the EBMAS headquarters.

Fee

Please pay the monthly fees to the EBMAS account via bank transfer or PayPal.
The local-license fees automatically adjust the current EBMAS to price list.
The amounts included ges. Tax of 19% The contract is a permanent account
i.S.d. § 14 UstG. Our Ust.Nr.: 37/124/20988

To publication on our Web side/ (School Information)

Place with Zip code (School!)			
Street			
Openings hours You can publish your Picture in the Web side, a bow your School registration. Please send the photo data.	Day	Class time	Class for
Contact Person			
Phon:			
Mobil:			
E-Mail:			

Application Notice (This part is to be completed from EBMAS Office)

The application will be approved on condition that the information from the applicant completes and true!

The applicant is asked to contact us.

The application cannot be approved.

Others _____

Date _____ Signature _____
(by Sifu Emin Boztepe representative EBMAS agent Stamps)

(This part is to be completed only from EBMAS Officestaff)

Copy conveys to the Applicant

Application processing in the databank

Application processing in the School listing

Copy the Application in the file

Others _____

Contract No:

Date _____ Signature _____
(by Sifu Emin Boztepe representative EBMAS agent Stamps)