

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)