

**INDEPENDENT COMMISSION AGAINST CORRUPTION**

**in collaboration with**

**YOUTH AGAINST CORRUPTION (YAC)**

**Anti-Corruption Short Film Competition**

**Participation form**



|  |  |
| --- | --- |
| **Name of Participant** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Student** |  |
| **Working** |  |
| **Name of Institution** |  |
| **If you are a student, please indicate name of school/university** |  |
| **Indicate category:****Amateur Professional** |
| **Phone number** |  |
| **Mobile** |  |
| **Email Address** |  |

 **I, hereby declare having taken cognisance of the conditions of participation.**

**Signature :**

**Date :**

**This participation form should be duly filled in and returned to the ICAC, Réduit Triangle, Moka or faxed on 402 6959 or emailed on** **communityrelations@icac.mu** **at latest 04 March 2016.**