



**Address:** 95 Jason Moyo Cecil House  
Office Number 214 Harare

**Website:** [combatsports.co.zw](http://combatsports.co.zw)

**Email Address:** [info@combatsports.co.zw](mailto:info@combatsports.co.zw)

**Phone Number :** +263242709933

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## AUTHORISATION OF FIGHT ABROAD

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To Zimbabwe National Boxing and Wrestling and Control Board:

1. I, ....., ID. No. ...., hereby apply to the Zimbabwe National Boxing and Wrestling and Control Board (“ZNBWCB”) for authorization to engage in a fight abroad as follows.

2. The details of the tournament are as follows:

Name of Promoter/Promotion		Contact Person	
Contact Number(s)		E-mail Address	
<b>EVENT DETAILS</b>			
Date:		Country:	



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OPPONENT DETAILS			
Surname		Name (s)	
Country of Origin			
Fight Record	Total Fights: <input type="text"/>	Wins: <input type="text"/>	Losses: <input type="text"/> Draws: <input type="text"/>
Purse Details	Currency: ZAR <input type="text"/>   US\$ <input type="text"/>   Other <input type="text"/>	Amount:	
Accompanying Manager/Trainer	<input type="checkbox"/> I confirm that the accompanying Manager/Trainer is licensed by ZNBWCB.		

Accompanying this application are the following documents: (please tick to confirm)

**Medical Report (s):** HIV:     **Hepatitis:**     **MRI:**     |    **Fight Contract:**

I declare that the above information, to the best of my belief and knowledge, is true and correct and that my application is made at least 21 days before my planned departure date. I also release ZNBWCB from any and all liability for any loss that may emanate should ZNBWCB decline my application should it not meet the minimum requirements as set out in the Boxing Control and/or should my application not be granted for any other reason(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date