



**ROYAL SUCCESS
INTERNATIONAL**
BOOK OF RECORDS
CREATIVITY HAS NO LIMIT

U92490TG2019PTC136050

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Application Form

(Can be found in emails from

1) Record Title: (e.g.)

2) Application Reference Contact Number Royal success book of records)

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3) Current Official Record:

(prior to your record attempt e.g.)

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4) Your Attempt Results:

(after your record attempt e.g.)

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5) If successfully approved by ROYAL SUCCESS INTERNATIONAL BOOK OF RECORDS, the new record holder would be:

Full Name: _____	Date of birth: / / (dd/mm/yyyy)
S/o/D/o/W/o: _____	Gender: Male Female
Address 1: _____	Nationality: _____
Address 2: _____	Website: _____
City/Town: _____	Email: _____
State/Province/Region: _____	Telephone: _____
Postcode: _____	Organisation: _____
Country: _____	

Steward Statement for Record Claim

1) Declaration:

I, _____ have acted as a steward of the Royal success International Book of records TM attempt for the record:

Record Title:

Application Reference Contact Number:

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2) Record description

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www.royalsuccessinternationalbookofrecords.com



www.facebook.com/profile.php?id=100041302638764



<https://twitter.com/home>

3) Where did the record attempt take place?

City: _____ Country: _____
State/Province/Region: _____

4) When were you present for the record attempt?

(include dates and times)

5) How many of these participated fully, as per the specific guidelines of the record?

6) How many participants did you have to disqualify, and why were they disqualified?

I am willing to be contacted by Royal Success International Book of Records to discuss any details regarding this record claim.

Print name OR sign: _____ Date: ____ / ____ / ____ (dd/mm/yyyy)

Witness Statement for Record Claim

1) Declaration:

I, _____ declare that I am not associated with, or related to, the record organizers or participants, nor have anything to gain from the final outcome of the attempt. Therefore I have acted as a witness of the Royal Success International Book of Records TM attempt for the record:

Record Title:

Application Reference Contact Number:

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City/Town: _____

State/Province/Region: _____

Postcode: _____

Country: _____

Nationality: _____

Email: _____

Telephone: _____

Organisation: _____

Included business card: Yes No

