Federation of Underwater Activities Malta



CMAS ONE STAR DIVER

Positive Identification Card

TO BE FILLED BY STUDENT IN BLOCK CAPITAL LETTERS

CMAS	

PLEASE AFFIX HERE ONE PASSPORT PHOTO V SW O

TMA

FIRST NAME	SURNAME	
		v ⊃ v
ADDRESS		l ü
		L U EXPIRES
TOWN POST COD	E COUNTRY	
		-
DATE OF BIRTH d-m-y TELEPHONE N°	NATIONALITY	U U
		F I ISSUED
EMAIL	PRIVACY "Personal data provided here will be processed as per	_ ∞
	NOTICE FUAM's Privacy Notice, a copy of which is available on the FUAM Website: www.fuam.org.mt"	
TO BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS		- - œ
INSTRUCTOR'S SURNAME	INSTRUCTOR'S FIRST NAME	
		ž
STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N°	INSTRUCTOR'S "C" CARD №	F
	INSTRUCTOR'S SIGNATURE	

The Federation of Underwater Activities of Malta in conjunction with the Confédération Mondiale des Activités Subaquatiques would like to congratulate you on your success in achieving the One Star Diver CMAS qualification standards. A Internationally recognised CMAS/FUAM Personal Identification Card will be issued.

SCHOOL'S / CLUB NAME																			
O.C.C. SCHOOL N°																			
									SCHOOL'S / CLUB'S RUBBER STAMP										