Federation of Underwater Activities Malta



CMAS FOUR STAR DIVER

Positive Identification Card



PLEASE AFFIX HERE ONE **PASSPORT PHOTO**

TO BE FILLED BY STUDENT IN BLOCK CAPITA	AL LETTERS								
FIRST NAME	SURNAME								
ADDRESS									
TOWN POST CODE	COUNTRY								
DATE OF BIRTH d-m-y TELEPHONE N°	NATIONALITY								
EMAIL	PRIVACY "Personal data provided here will be processed as per FUAM's Privacy Notice, a copy of which is available on the FUAM Website: www.fuam.org.mt"								
BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS	α								
INSTRUCTOR'S SURNAME	INSTRUCTOR'S FIRST NAME								
STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N°	INSTRUCTOR'S "C" CARD N°								
	INSTRUCTOR'S SIGNATURE								
he Federation of Underwater Activities of Malta in conjunction	SCHOOL'S / CLUB NAME								

with the Confédération Mondiale des Activités Subaquatiques would like to congratulate you on your success in achieving the One Four 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									