## **Federation of Underwater Activities Malta**



## **CMAS RECREATIONAL TRIMIX DIVER**

**PLEASE AFFIX HERE** ONE **PASSPORT PHOTO** 

**Positive Identification Card** 

TO BE FILLED BY STUDENT IN BLOCK CAPIT	TAL LETTERS
FIRST NAME	SURNAME
ADDRESS	
TOWN POST CODE	COUNTRY
DATE OF BIRTH d-m-y TELEPHONE №	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	
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 it is the Confédération Mondiale des Activités Subaquatiques	SCHOOL'S / CLUB NAME
rould like to congratulate you on your success in achieving the	
ecreational Trimix Diver CMAS qualification standards.	O.C.C. SCHOOL N°
Internationally recognised CMAS/FUAM Personal Identification ard will be issued.	SCHOOL'S / CLUB'S RUBBER STAMP