Federation of Underwater Activities Malta



CMAS THREE STAR INSTRUCTOR

Positive Identification Card



PLEASE AFFIX HERE ONE **PASSPORT PHOTO**

TO BE FILLED BY STUDENT IN BLOCK CAPITAI	L LETTERS													
FIRST NAME	SURNAME] "												
		S S												
ADDRESS														
		L U EXPIRES												
TOWN POST CODE COUNTRY														
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DATE OF BIRTH d-m-y TELEPHONE N° NATIONALITY														
		F I ISSUED												
EMAIL	PRIVACY "Personal data provided here will be processed as per	" ຄ Γ Γ Γ Γ												
	NOTICE FUAM's Privacy Notice, a copy of which is available on the FUAM Website: www.fuam.org.mt"	0												
TO BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS		.												
INSTRUCTOR'S SURNAME	INSTRUCTOR'S FIRST NAME]"												
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STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N°	INSTRUCTOR'S "C" CARD N°	RECEIPT												
		#												
	INSTRUCTOR'S SIGNATURE													
The Federation of Underwater Activities of Malta in conjunction with		1												

the Confédération Mondiale des Activités Subaquatiques would like to congratulate you on your success in achieving the Three Star Instructor 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								