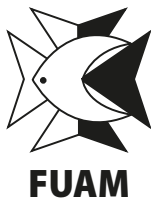


Federation of Underwater Activities Malta



CMAS NITROX INSTRUCTOR

Positive Identification Card



PLEASE
AFFIX HERE
ONE
PASSPORT
PHOTO

TO BE FILLED BY STUDENT IN BLOCK CAPITAL LETTERS

O N L Y
CMAS CARD N°

M1MANX

FIRST NAME										SURNAME									
ADDRESS																			
TOWN										POST CODE					COUNTRY				
DATE OF BIRTH d-m-y				TELEPHONE N°						NATIONALITY									
EMAIL																			
PRIVACY NOTICE "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 "																			

E X P I R E S
L A
F I C I A L
I S S U E D

EXPIRES

ISSUED

TO 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			

R E C E I P T
N °

RECEIPT N°

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 Nitrox 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																			