Federation of Underwater Activities Malta



CMAS NORMOXIC TRIMIX INSTRUCTOR

Positive Identification Card

kes
ANK .
CMAS

ONE **M2MATX** O N L CMAS CARD I PASSPORT PHOTO

PLEASE **AFFIX HERE**

E	Δ	Л

TO BE FILLED	BY STUDENT	IN BLOCK	CAPITAL	LETTERS
	DIOIODENI	IN DECON	0/11/11/12	

ADDRESS ADDRES	FIRST NAME	SURNAME							
ADDRESS ADDRESS ADDRES ADDRESS ADDRES ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRES ADDRES ADDRES ADDRESS ADDRES									
TOWN POST CODE COUNTRY DATE OF BIRTH d-m-y TELEPHONE N° NATIONALITY DATE OF BIRTH d-m-y TELEPHONE N° NATIONALITY EMAIL 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" TO BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S CARD N° INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNATURE INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNATURE INSTRUCTOR'S SURNATURE INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNATURE INSTRUCTOR'S SURNATURE	ADDRESS								
DATE OF BIRTH d-m-y TELEPHONE N° NATIONALITY 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" 0 TO BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS INSTRUCTOR'S FIRST NAME 0 0 STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N° INSTRUCTOR'S "C" CARD N° INSTRUCTOR'S SIGNATURE The Federation of Underwater Activities of Malta in conjunction SCHOOL'S / CLUB NAME SCHOOL'S / CLUB NAME SCHOOL'S / CLUB NAME			EXPI						
DATE OF BIRTH d-m-y TELEPHONE N° PRIVACY "Personal data provided here will be processed as per NOTICE FUAM's Privacy Notice, a copy of which is available on the 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 INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N° INSTRUCTOR'S 'C' CARD N° INSTRUCTOR'S SIGNATURE	TOWN POST CODE	COUNTRY							
DATE OF BIRTH d-m-y TELEPHONE N° IELEPHONE N° INATIONALITY Image: Construction in BLOCK CAPITAL LETTERS INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME INSTRUCTOR'S CC' CARD N° INSTRUCTOR'S SIGNATURE The Federation of Underwater Activities of Malta in conjunction NATIONALITY NATIONALITY			-						
EMAIL PRIVACY PRIV	DATE OF BIRTH d-m-y TELEPHONE N°		U						
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" TO BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS INSTRUCTOR'S SURNAME STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N° INSTRUCTOR'S "C" CARD N° INSTRUCTOR'S SIGNATURE The Federation of Underwater Activities of Malta in conjunction									
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 INSTRUCTOR'S SIGNATURE INSTRUCTOR'S SIGNATURE		NOTICE FUAM's Privacy Notice, a copy of which is available on							
INSTRUCTOR'S SURNAME INSTRUCTOR'S SURNAME STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N° INSTRUCTOR'S "C" CARD N° INSTRUCTOR'S SIGNATURE INSTRUCTOR'S FIRST NAME INSTRUCTOR'S FIRST NAME INSTRUCTOR'S CARD N° INSTRUCTOR'S CARD N° INSTRUCTOR'S SIGNATURE INSTRUCTOR'S CARD N° INSTRUCTOR'S SIGNATURE INSTRUCTOR'S SIGNATURE	TO BE FILLED BY THE INSTRUCTOR IN BLOCK CAPITAL LETTERS		- <i>œ</i>						
STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N° INSTRUCTOR'S "C" CARD N° INSTRUCTOR'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N° INSTRUCTOR'S "C" CARD N° INSTRUCTOR'S UP (INSTRUCTOR'S SIGNATURE) INSTRUCTOR'S "C" CARD N° INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S SURNAME	INSTRUCTOR'S FIRST NAME							
The Federation of Underwater Activities of Malta in conjunction			ž						
The Federation of Underwater Activities of Malta in conjunction	STUDENT'S QUALIFYING DATE d-m-y CMAS INSTRUCTOR'S CARD N°	INSTRUCTOR'S "C" CARD Nº							
The Federation of Underwater Activities of Malta in conjunction									
		INSTRUCTOR'S SIGNATURE							
		SCHOOL'S / CLUB NAME]						

would like to congratulate you on your success in achieving the Normoxic Trimix 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									