



BMET Intermediate Examination Registration Form 2009

Please PRINT details in CAPITAL letters

Title	Date of Birth (DD/MM/YY)
Surname	Town of Birth
Forename/s	Country of Birth
Company	Age
Address	Tel No.
	E-Mail
Postcode	

Home address (If different from above)

Examination Centre through which your examination is being administered/taken:	Date you wish to sit examination:
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Type of Exam:

If this proposed exam is a **RESIT**, please complete the following:

Examination Centre/s where other attempt taken

Date of previous attempt

I declare that the information supplied by me is, to the best of my belief, correct.

Signature
Date

In accordance with the Data Protection Act, you are advised that information from this form is held on a Database at British Marine Federation. This will not intentionally be sold or given to any individual or company in the future.

Please return this form together with a cheque for £50 + VAT, made payable to British Marine Federation to:
Liv Whetmore, BMF, Marine House, Thorpe Lea Road, Egham, Surrey TW20 8BF