



## BMET Intermediate Examination Registration Form 2008

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.
Postcode	

Home address (If different from above)

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Examination Centre through which your examination is being administered/taken:

Date you wish to sit examination:

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

Examination Centre/s where other attempt taken

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Date of previous attempt

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**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 £60 + VAT, made payable to British Marine Federation to:  
*Liv Whetmore, BMF, Marine House, Thorpe Lea Road, Egham, Surrey TW20 8BF*