

# APPLICATION FORM MARITIME DUTCH LAW ASSESSMENT



COURSE NAME	MARITIME DUTCH LAW ASSESSMENT		
COURSE CODE	SWBKE	STARTING DATE	(DD/MM/JJJJ)
FAMILY NAME *			M * <input type="checkbox"/> F * <input type="checkbox"/>
GIVEN NAMES *			
ADDRESS			
ZIP CODE	PLACE OF RESIDENCE		
COUNTRY OF RESIDENCE	DATE OF BIRTH *		
PLACE OF BIRTH *	COUNTRY OF BIRTH *		
TELEPHONE NR.	E-MAIL ADDRESS		
NATIONALITY *	ID DOCUMENT *	NO.	
CANDIDATES RANK *	MASTER <input type="checkbox"/>		

WAY OF PAYMENT *	PRIVATE <input type="checkbox"/>	EMPLOYER <input type="checkbox"/>
------------------	----------------------------------	-----------------------------------

EMPLOYER **			
ADDRESS **			
ZIP CODE **	CITY **		
CONTACT PERSON **			
TELEPHONE NO. **	TELEFAX **		
E-MAIL ADDRESS **			

CHOOSE YOUR PLACE OF EXAM *	
ROTTERDAM, NETHERLANDS	<input type="checkbox"/>
CAPE TOWN, SOUTH AFRICA	<input type="checkbox"/>
BRISBANE, AUSTRALIA	<input type="checkbox"/>
MANILA, PHILIPPINES	<input type="checkbox"/>
JAKARTA, INDONESIA	<input type="checkbox"/>
ST. PETERSBURG, RUSSIA	<input type="checkbox"/>
KIEV, UKRAINE	<input type="checkbox"/>

All deliveries and services are subject to the General Conditions as submitted to the Chamber of Commerce in Rotterdam under no 37053270 dd. 26/01/2006

SIGNING:	DATE	
CANDIDATE		NAME
EMPLOYER **		NAME

\* COMPULSORY FIELDS  
\*\* TO BE COMPLETED ONLY IF THE EMPLOYER PAYS THE INVOICE.

**WITHOUT A COPIE OF THE CANDIDATES PASSPORT, YOUR APPLICATION WILL NOT BE PROCESSED.**

**HANDWRITTEN APPLICATION FORMS WILL NOT BE PROCESSED.**

STC Training & Consultancy, Sent this form to <a href="mailto:Wettentoets@stc-r.nl">Wettentoets@stc-r.nl</a>	to be completed by Central Administration: