

Air Service Training (Engineering) Ltd

Brahan Building, Crieff Road, Perth, Scotland, PH1 2NX Tel: ++44 (0)1738 877105, Fax: ++44 (0)1738 553369 Email: info@airservicetraining.co.uk



Initial Registration Form

Personal Details

	Given N	lame(s)		Family Name	Family Name	
	<u> </u>			-		
	Contact of			act details		
	Address					
	Telephone					
	Mobile phone					
	Email					
	Place and Date of Birth (Town & Country)					
		T =	<u> </u>			
		Tick as appropria	te Complet	e where applicable:		
	Self-Sponsored					
	Sponsored or arranged through AST Agent:	√		Sponsors Name or Organisation: If Aviation Technology, State of Kuwait		
	Perth College Student					
This	s Initial Registration Form n	nust he a	ccompanied by			
Certified true copy of photographic Identification*						
Note: The photographic ID copy must be certified by an appropriate person with the statement "I certify this to be a tru copy", with signature/date of signing and name in capitals. Ideally the photographic ID is to be a current, valid passport. If no passport is available the ID must be suitable (e.g. Company ID, Driving licence or Airside Security Pass) and adequate with a minimum requirement of a clear photographic image and pre-printed name written in English						
Dec	claration:					
By entering my signature below I declare that the information given above is true and correct to the best of my knowledge and belief. I also declare that if any of this information changes I will inform Air Service Training immediately.						
Sig	Signed Date					
Off	Office Use Only:					
Act	tion:		Initial:	Action:	Initial:	
	tails checked			Entered on database		
CT	C / Photo ID checked			File created:		

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