Antwerp Maritime Academy

Final Assessment registration form

Please fill in in capital letters

Date Final Assessment:

☐ Navigational Watch ☐ Engine Watch ☐ ETO

Location Final Assessment: AMA / HZS Antwerp

Name: …… First name(s): ……

(Company name: ……..)

(VAT number: ……) *(all first names as on the identity card !!)*

Date of Birth: _ _ / _ _ / _ _ _ _ Place of Birth: ……

National Insurance Number (only if Belgian): _ _._ _ . _ _ - _ _ . _ _

Nationality: ……. Gender: M ☐ F ☐

Address *(Street, number and bus)*: .....

Postal Code & Municipality: .....

Mobile Phone .....

E-mail: .....

Please attach proof of payment.

Signature:

Done at:

Date .. / .. / 2026