

# U.K. Licence & Insurance Application Form



**OFFICIAL USE**

LIC. No.....

DATE...../...../.....

*To avoid long delays please answer all the questions below. Please use Block Letters.*

Surname:.....Christian Names:.....

Home Address:.....

.....Post Code:.....

Telephone No.:.....D.O.B.:...../...../..... Occupation:.....

Name of Instructor:.....

Club Address:.....

Grade (if any):.....

Is this your first application?.....If No - Previous Licence No:.....

Signature:.....Date:.....

**Please return this form completed to your instructor with £15.00**

**Please make cheques payable to: S.E. Academy of Martial Arts**

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