

## Marketing Authorisation Holders' (MAH) Examination Registration form

The person listed below, being properly enrolled as an AMTRA Trainee, wishes to register for the AMTRA MAH Examination

### PLEASE COMPLETE IN BLOCK CAPITALS

Name of Student: \_\_\_\_\_

AMTRA No: M \_\_\_\_\_

Company: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Signed: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home address of  
student – for  
notification of  
examination results  
& updating Register \_\_\_\_\_  
\_\_\_\_\_

Date of Examination \_\_\_\_\_

Resit (Yes/No) \_\_\_\_\_

Has the student been  
Enrolled on a Harper  
Adams Refresher  
Course? (Yes/No) \_\_\_\_\_

If so, date of course? \_\_\_\_\_