HALLMARKING ACT , 1973

STUDENT REGISTRATION

TO: **THE ASSAY OFFICE, 24 BROUGHTON STREET, EDINBURGH, EH1 3RH**

Please enclose payment of £30 with your application form:
Cheque made payable to Edinburgh Assay Office enclosed ☐
Alternatively , we will contact you for credit/debit Card details ☐

NAME(S) AND ADDRESS IN FULL (IN BLOCK CAPITALS)	
POSTCODE	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
COLLEGE ATTENDED **COURSE TITLE**	
PROOF OF STUDENT STATUS This form must be signed by the tutor and stamped with the college stamp.	Tutors Signature Tutors Name (please print) College Stamp

I declare that the above particulars are correct and undertake to forward to you before use every punch or other equipment intended to be used for striking the sponsor's mark.

SIGNATUREé .**DATE**é é é é é é é é é é é é é é

FOR ASSAY OFFICE USE ONLY

Mark	Punch No.	Date Entered