The Organisation for Tourism and Hospitality Management
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Email: information@othm.org.uk www.othm.org.uk

Replacement ID Card Form

PHOTO

Please use **BLOCK CAPITALS** and black ink when completing the form

Essential Details

1.***Category***: Practitioner ☐ Student ☐ Associate ☐ Member ☐ Fellow ☐

2***. Name of Student or Member***:

Date of Birth: ___ / ___ / _____

First name

Second name

Family name

3***. OTHM number*** S_____ (applicable for existing Students or Members)

Date of registration with OTHM: ___ / ___ / _____

4. ***Your address for correspondence***

Post code:

Email address

Mobile telephone number

5. ***Study centre use only*** *If Applicable*

Name of study centre: _____

Address of study centre: _____

_____ Post code: _____

Name of Key contact at your study centre: _____

Signature: _____ (**College *Stamp)***

Special note: Fee for lost or replacement card - £40.00.

Signature of applicant: _____ Date: ___ / ___ / _____