



RETURN TO:

THE BOARD OF SURVEYING
& SPATIAL INFORMATION
PO BOX 143
BATHURST NSW 2795

NOTIFICATION SLIP:

(BLOCK LETTERS PLEASE)

FULL NAME OF CANDIDATE: _____

DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

POSTCODE: _____

PHONE NO: _____ MOBILE NO: _____

FAX NO: _____

BUSINESS ADDRESS:

(COMPANY NAME)

(Street Address)

_____ POSTCODE: _____

PHONE NO: _____ MOBILE NO: _____

EMAIL ADDRESS: _____ FAX NO: _____

PREFERRED POSTAL ADDRESS (PLEASE TICK)

HOME:

BUSINESS:

OTHER: PO BOX
(PLEASE ADD BELOW)

NAME OF SUPERVISING SURVEYOR: _____

DEGREE GRANTED FROM THE UNIVERSITY or OTHER TERTIARY INSTITUTION OF:

DEGREE TITLE: _____

YEAR OF GRADUATION: _____

OR

EXPECTED YEAR OF GRADUATION : _____

(SIGNATURE)

(DATE)