

CONTACT DETAILS OF THE ATO					
Name of the ATO					
Name of contact person					
Telephone number					
Fax number					
Cellular phone number					
Postal address				Postal code	
I hereby certify that the above-mentioned information is correct.					
PLACE OF SIGNATURE					
SIGNATURE OF THE APPLICANT	NAME IN BLOCK LETTERS	DATE			
FOR OFFICIAL USE ONLY					
APPROVED		NOT APPROVED			
Amount	R	Receipt Number			
Period of Validity	From		To		
SIGNATURE OF AVMED OFFICER for COMMISSIONER FOR CIVIL AVIATION	NAME IN BLOCK LETTERS	DATE			