

PLEASE COMPLETE AND FORWARD TO: AIR FORCE COMMAND POST 803  
ATTENTION: SEN CON  
TEL: (012) 312 2410 / 2936  
FAX: (012) 312 2525 / 2251

1.	DATE OF FLIGHT:	_____
2.	REQUESTOR:	_____
3.	CONTACT PERSON DETAILS:	
	A. NAME:	_____
	B. TEL:	(_____)_____
	C. FAX:	(_____)_____
	D. CELL:	_____
	F. ADDRESS:	_____
		_____
		_____
4.	AIRCRAFT TYPE:	_____ <i>(Aircraft type Designator only)</i>
5.	AIRCRAFT REGISTRATION:	_____ - _____
6.	AIRCRAFT CALLSIGN:	_____
7.	AIRCRAFT WEIGHT:	_____ Kg
8.	PASSENGERS:	_____
9.	REASON FOR FLIGHT:	_____

10. ROUTE DETAILS:

ETD <i>Date / Time</i>	DEPARTURE POINT (ICAO)	ARRIVAL POINT (ICAO)	ETA <i>Date / Time</i>
/ Z			/ Z
/ Z			/ Z
/ Z			/ Z
/ Z			/ Z
/ Z			/ Z
/ Z			/ Z
/ Z			/ Z

11. FUEL REQUIRED: \_\_\_\_\_ (ONLY IF PE-APPROVAL FROM THE AFCP)

A. TYPE OF FUEL: \_\_\_\_\_

B. QUANTITY: \_\_\_\_\_

C. METHOD OF PAYMENT:

- (i) CASH
- (ii) BANK GUARANTEED CHEQUE
- (iii) ELECTRONIC FUND TRANSFER:  
BANK: SA RESERVE BANK  
BRANCH: PRETORIA  
BRANCH CODE: 910145  
ACCOUNT NO: 80332056

12. ANY OTHER SERVICES REQUIRED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please fax back to Bob Corbett at 086 616 0755 for control purposes.**