



SWAZILAND CIVIL AVIATION AUTHORITY

FORM: AC-GEN003

August 2011

**MANAGEMENT PERSONNEL BIOGRAPHICAL DATA**

| <b>MANAGEMENT PERSONNEL BIOGRAPHICAL DATA</b><br>(To be completed by the Nominee)   |                     |         |
|---|---------------------|---------|
| 1. Company name:  | 1. Company address: |         |
|   |                     |         |
| 3. Name of nominee:   | 4. Position:        |         |
|   |                     |         |
| 5. Address of Nominee:  |                     |         |
| 6. Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contracted - Full Time <input type="checkbox"/> Contracted - Part Time |                     |         |
| 7. Qualifications relevant to item (4) position (Tick here <input type="checkbox"/> if information is continued on reverse side of this form) | Date From           | Date to |
| (1)   |                     | Present |
| (2)   |                     |         |
| (3)   |                     |         |
| (4)   |                     |         |
| (5)   |                     |         |
| (6)   |                     |         |
| (7)   |                     |         |
| (8)   |                     |         |
| 8. Work experience relevant to item (4) position:   | Date From           | Date to |
| (1)   |                     | Present |
| (2)   |                     |         |
| (3)   |                     |         |
| (4)   |                     |         |
| (5)   |                     |         |
| (6)   |                     |         |
| (7)   |                     |         |
| (8)   |                     |         |

9. I, ..... hereby confirm that  
(Print Name in full)

(a) I have not

(i) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor

(ii) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority

(b) The information provided on this form is true and correct to the best of my knowledge.

Signature: ..... Date: .....

10. **For Authority Official Use Only**

Received by:

Name: ..... Position: .....

Signature: ..... Date: .....

Attach copies of certificates/proof of experience to this form in support of information supplied.