10:	AND:	
Fax No.:		Fax No.:
	NOTIFICA	ATION
Herewith, permission is reques	sted for landing, park	king and takeoff atas follows:
Type of flight:		
ACFT Type:	Wing S	pan: MTOW:
ACFT Registration:		
Flight arriving from:	Date:	Estimated time (local):
Planned no. of POB: Crew:	Pax:	
Flight departing to:	Date:	Estimated time (local):
Planned no. of POB: Crew:	Pax:	
ACFT Operator Data:		
Other Information / Requests:		
For confirmation, please retu (if applicable, please state pe		ed and stamped to the following fax number zation number):
If unable to accommodate as urgently by telephone / SMS	s requested above,	or in case of any questions, please advise :
THANK YOU FOR COOPERA		
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