**DETAILS OF MANAGEMENT PERSONNEL**

1. Name of Organisation/Operator Name:
2. Aviation Document Number (Delete as applicable):
3. Name:
4. CAAF Licence No. (if applicable):
5. Nomination for the Position of:
6. Work Permit held:

(If expatriate)

Please tick this box if post holder is also the Accountable Manager

1. Qualifications relevant to the Item (5) Position: (use additional sheet if necessary)

1. Work Experience relevant to the Item (5) Position: (use additional sheet if necessary)

1. Name of previous post holder (if any):

1. Declaration of Undertaking
   1. I,       an employee of       and nominated for the position of       having understood my assigned accountabilities and responsibilities, am prepared to uphold them.
   2. I am fully aware that any failure on my part on the area of responsibility so assigned to me to ensure:

(i) compliance to the applicable standards published by the Authority; and (ii) conformance to the procedures promulgated by my employer; may result in the withdrawal of the Authority’s approval of my appointment to the position.

* 1. I understand that each post holder is accountable for the responsibilities/functions so prescribed for the said position and that accountability entails competency on the part of the post holder in his/her performance.

Signature  Date Click or tap to enter a date.

On completion, please send this form **(together with the completed CA 107B or CA 107C)** under confidential cover to th CAAF.

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| **CAAF Use Only**  **(To be completed by authorised CAAF staff member accepting this nomination)**  Acceptability of the applicant:  **Yes /** **No\***  Interview:  **Yes /**  **No\***  Organisation and the applicant so advised?  **Yes /**  **No\***  Aviation document amended to reflect the change of Nominated Person (if applicable).  Name:  Signature:  Date: Click or tap to enter a date.  Once authorised a copy of this form must be returned to the nominee. |