

ACCOUNTABLE MANAGER DECLARATION FORM (To be completed by all key ATS managerial personnel)	
Name of the Officer:	
Name of Employer:	
Post/title:	
Principal Responsibilities:	
Report to:	
Academic Qualifications	
Work Qualification & Experience	
Years in Current Position	
Last position held	
Sub-ordinate staffing structure (Provide on separate sheet)	
Declaration of Undertaking (1) I _____ an employee of _____ and holding the position of _____ having understood my principal responsibilities, is prepared to uphold them ensuring that the operation of the said air traffic services is for the safety of aircraft operations. (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) compliance to the procedures promulgated by my employer; Will be in breach of 3.1 of the SDATS; and may invalidate the ATS Provider Certificate issued to my employer. (3) 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
For CAAF Use Only	
Exposition /Ops MATM	
Acceptability of the applicant:	YES / No*

Remarks: (*Areas of non-compliance, reasons, etc)

Name:	Signature	Date
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