

Name of Applicant:	Reference No.:
Birthdate:	Sex:

Please **PRINT** all answers.

In which of the following capacities do you fly?

- | | | |
|--|--|--|
| <input type="checkbox"/> Air frame service fitters | <input type="checkbox"/> Conveyor operator | <input type="checkbox"/> Loader |
| <input type="checkbox"/> Air traffic control assistant | <input type="checkbox"/> Duty officer | <input type="checkbox"/> Maintenance engineer |
| <input type="checkbox"/> Air traffic control clerk | <input type="checkbox"/> Electronics service mechanic | <input type="checkbox"/> Maintenance technician |
| <input type="checkbox"/> Air traffic controller | <input type="checkbox"/> Flight dispatcher | <input type="checkbox"/> Operations officer |
| <input type="checkbox"/> Aircraft electronics service fitter | <input type="checkbox"/> Flight operations inspector | <input type="checkbox"/> Radar controller |
| <input type="checkbox"/> Aircraft engine service fitter | <input type="checkbox"/> Flight planner/Scheduler | <input type="checkbox"/> Radar (Radio) operator |
| <input type="checkbox"/> Aircraft marshaller | <input type="checkbox"/> Ground equipment service mechanic | <input type="checkbox"/> Service electrician |
| <input type="checkbox"/> Aircraft refueller | <input type="checkbox"/> Ground hostess (steward) | <input type="checkbox"/> Others, <i>please specify</i> |
| <input type="checkbox"/> Baggage handler | <input type="checkbox"/> Ground movement controller | _____ |

1. What is your service and rank? _____
2. What aspects of your duties involve flying?

Please give details.

3. Number of flights taken:

Type of Flight	No. of Flights	Average Number of Hours per Year	Hours Flown to Date
A. Crew member other than pilot:			
Scheduled			
Non-Scheduled			
Instructing			
Test or Experimental			
B. Passenger while performing your duties:			
Scheduled			
Non-Scheduled			
Instructing			
Test or Experimental			

4. Types of aircraft you fly in while performing your duties.

I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated ___/___/___ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

Name and Signature of Applicant

Witnessed by:

Name and Signature of Bancassurance Sales Executive
Code No. _____