A) Personal Information



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Surname					Full Nar	mes									
Date of Birth				Occupation											
Postal Address					<u>I</u>										
Tel (Home) Tel (C		el (Offi	Office) Fax		x		Mobile				Email				
B) License [Details														
Type of License		N	umber			Date of Issue				Expiry Date					
Restrictions		ı								•					
Instrument Rating Night ☐ Yes ☐ No				Night I	Rating				Instrument Safety Pilot Rating □ Yes □ No				No		
Instructors Ratii Grade □ I				N/a		est Pilot F lass □		II	□ Post	Maint	enance		□ N/a		
Other (such as	Game / Slir	ng etc)	– Please Spec	cify											
C) Flying Ex	perienc	e (F	IXED WIN	G AND	ROTA	AR WII	NG ON	ILY)							
	Fixed Wing Airc				aft			Rotor Wing Aircraft							
	тота	L	Pilot In Command	D	ual	Co	-Pilot	тс	TAL		ilot In mmand		Dual	Co-Pilot	
Single Engine															
Multi Engine															
Turbine Engine															
Jet Engine															
TOTAL Fixed Wing									L Rotor /ing						
Retractable Undercarriage															
Tail Wheel Undercarriage															
D) Flying Ex	perienc	e (M	IICROLIGI		ΓRA L	IGHT.	/ GLID	ERS (ONLY)						
.	Glider				Power Glide							Microlight / Ultralight			
	TOTAL	-	Pilot In Command	Dual		TOTAL		ot in ımand	Dua	I	TOTAI	L	Pilot In Command	Dual	
3-Axis															
Weight Shift										_					
Gyrocopter															
TOTAL															

If the list is particularly extens	sive, you need only ext 12 months. Pre	y specify types that you have flown in the ferably, however, specify all types, using	past 12 months and types that a separate sheet if necessary	at you anticipate flying in the
Make & Model	TOTAL	Pilot In Command	Dual	Co-Pilot
Accident / Incident I				
or each separate accident, usi				
Make, Model and Registration	Mark			
Registered owner of Aircraft				
Purpose of Use				
Damages				
Cost of Repairs				
Official cause of accident, or yo opinion of probable cause if no official finding was made at the or subsequently				
) Other Information				
•	ation that you beli	eve Insurers should be aware of in relation	n to your flying experience or	flying ability; such as milit
or non-powered flying experien			, , , , ,	, ,
DI EASE NOTE: The abo	vo information	is required for Insurance Purposes	anly It is important that	t all guestions are and
T LEAGE NOTE. THE ADC	vvo mmonnialiUN			accurate and tru
		Non-disclosure and misrepres	sentation may prejudic that the foregoing parti	
nature			Date	