Manila International Airport Authority **APPLICATION FORM FOR NON-SCHEDULED FLIGHTS**

Instructions:

- Please complete the application form with the instruction provided: 1. Applicants are required to fill in all the fields in Section A. Please indicate N.A if not applicable
- 2. Incomplete application form will not be processed.
- Fax or email the completed form and supporting documents (if any), to the following MIAA offices: 3.

Office Hours (8:00AM - 5:00PM) Office of the AGMO +63 8325956 agmo@miaa.gov.ph

Beyond Office Hours AGOSD +63 8322922 agosd@miaa.gov.ph

- For inquiries, please call the Office of: AGMO : +63 8325956 / +63 8771109 local 4217 AGOSD : +63 8322922 / +63 8771109 local 2878 4.
- 5.
- All applications will receive an approval / non-approval return notification via fax / email. Applications shall not proceed until OAGMO / AGOSD returns a fax / email notification with the approval. 6.

SECTION A: (To be completed by applicant)						
1. Flight Details						
	ARRIVAL		DEPA	RTURE		
Date/ Time						
Flight No. (if any)						
А/С Туре						
Routing						
No. of crew						
No. of passenger						
A/C Registry						
A/C Owner/Operator						
A/C MTOW						
Nature of Flight						
Remarks						
For Special Rate and Exempted, please attach supporting documents.						
2. Mode of Payment (All banks charges to be borne by payee)						
Billing		Outright Payment				
Air Carrier or Operator		Debit	/ Credit Card	Cash		
Groundhandler		Bank	Transfer			

3.	Applicant Particular						
	Name of Air Carrier or Operat	tor					
	Business Address						
	Contact No.						
	Fax No:						
	Email Address						
4.	Appointed Groundhandle	er (if applicable)					
	Name						
	Business Address						
	Contact No.						
	Fax No:						
	Email Address						
5.	Declaration						
	time to time with respect to NAIA Aerodrome. In addition, I agree to settle all charges and indemnify MIAA against all claims, losses (including all indirect and consequential losses), costs (including legal costs on a solicitor-client indemnity basis) and expenses of any nature whatsoever reasonably arising from or out of or in connection with this Agreement.						
SECTION B (For official use only)							
OPI	Terminal GAOD AGOSD ment Full		Disapproved	Approved			
	Special Rate*	Decignation :	Signature over F	rinted Name			
*^c	*As per MIAA AO No.1 series of 2000 Date and Time:						