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HKV FLYGI
107 85 Stockholm
SWEDEN

Approval/Approval Certificate

<input type="checkbox"/> Initial Approval	<input type="checkbox"/> Change of Approval
<input type="checkbox"/> SE-EMAR 145	
<input type="checkbox"/> SE-EMAR M Subpart G	
Approval Reference	

Name of organisation seeking approval	Trading name (if different)
Address	Phone
	E-mail

Describe scope of approval relevant to this application, (see SE-EMAR 145 Appendix table 1 for possibilities in the case of an SE-EMAR 145 approval)

Location(s) requiring approval

Documents attached:

Application of Exposition revision

Audit minutes

SE-EMAR Form 4

Signature

Name and signature of the (proposed) Accountable Manager

Place and Date (yyyy-mm-dd)	Signature
Position	
Name	