



Send to

HKV FLYGI
107 85 Stockholm
SWEDEN

Details of Management Personnel required to be accepted/nominated

<input type="checkbox"/> SE-EMAR 145 Approval
<input type="checkbox"/> SE-EMAR M Subpart G Approval
<input type="checkbox"/> SE-EMAR 147
<input type="checkbox"/> SE-EMAR 21 Subpart J
<input type="checkbox"/> SE-EMAR 21 Subpart G
Approval Reference

Name	Position
Phone	E-mail

Qualifications relevant to the item position

Work experience relevant to the item position

Other nominated FLYGI Form 4 positions currently held (including name of organisation)

Documents attached

Curriculum Vitae (CV)

.....

.....

.....

.....

.....

.....

Signature	Date (yyyy-mm-dd)
-----------	-------------------

On completion, please send this form to SE-MAA

Signature

Name and signature of authorised SE-MAA staff member, accepting this person.

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