

**CYPRUS DEPARTMENT OF CIVIL AVIATION**

**DETAILS OF KEY MANAGEMENT PERSONNEL AS SPECIFIED IN PART-.....**

**1 NAME :**

**2 POSITION :**

**3 QUALIFICATIONS RELEVANT TO THE ITEM (2) POSITION:**

**4 WORK EXPERIENCE RELEVANT TO THE ITEM (2) POSITION:**

**Signature:.....**

**Date:.....**

**On completion, please return this form under confidential cover to the Department of Civil Aviation**

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**DCA use only**

**Name and signature of authorised DCA Staff member accepting this person**

**Signature:..... Date:.....**

**Name:..... Office:.....**