DETAILS OF OWNERS, MANAGERS AND STAFF OF AGENCY

Α			В				C AIRLINE OR IATA/UFTAA OR OTHER		
PRESENT AGENCY EMPLOYMENT			PREVIOUS AIRLINE/AGENCY EXPERIENCE				CERTIFIED COURSES PASSED WHICH ARE ACCEPTABLE TO THE AIP		
NAME OF DIRECTORS & STAFF (full time employee)	POSITION/ TITLE	DATE JOINED (Month/ Year)	AIRLINE OR AGENCY Name/Location	WAS AGENT IATA AT THE TIME OF EMPLOYMENT (Yes / No)	POSITION/ TITLE	EMPLOYMENT DATES (Month/Year) From: To:	AIRLINE OR IATA/UFTAA OR OTHER COURSES	TYPE OF COURSE	DATE COMPLETED