

KENYA CIVIL AVIATION AUTHORITY

MONTHLY STATISTICS REPORTING FORM – SCHEDULED SERVICE

Airline:.....

Month.....Year.....

Home State Base:

Submission date:.....

Address:.....

Airline Contact Person (Full Names):..... Tel:..... Email:.....

AIR TRANSPORT MONTHLY RETURNS													
Type of Service: 1. International scheduled 2. Domestic scheduled													
Date (dd/mm)	Aircraft			Airport		Type of Service	Revenue Traffic			Capacity Available		Distance Flown (Kms)	Aircraft Hours Flown
	Type	Regn.	Flt No.	From	To		Passengers (number)	Cargo (Kg)	Mail (Kg)	Passenger seats (number)	Total payload capacity (Kg)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)
Total													

- NOTES:** (i) Fill in all details for each sector i.e, traffic by flight stage
(ii) Please indicate the type of service in **column G** by specifying with the numbers 1 or 2 as defined in the table
(iii) Use sample table provided **overleaf** to specify type of cargo on each flight stage (e.g, 20/10/12, inbound/ electronics & outbound/flowers)
(iv) Please use additional sheets as required
(v) Attach a copy each of **(1)** current flight timetable and **(2)** current tariffs

Returns prepared by (Full Names):.....

Sign:.....

