

KENYA CIVIL AVIATION AUTHORITY

MONTHLY STATISTICS REPORTING FORM – NON-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 non-scheduled 2. Inclusive Tour Charters 3. Non-scheduled Emergence Medical 4. Domestic non-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)	Passenger seats (number)	Total payload capacity (Kg)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
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 or 3 or 4 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 of current schedule of charges for air services

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

Sign:.....

