

APPLICATION FOR A LICENCE FOR INCLUSIVE TOUR CHARTERS

Notes:

- 1. When completed this Form should be submitted in **Duplicate** to The Director General, Kenya Civil Aviation Authority (KCAA)- Air Transport Department, with the requisite documents listed at the end of this form
- 2. The Form should be accompanied by an application fee of US \$500 for renewal and US\$1500 for new applications
- 3. All parts/sections of the application must be filled as indicated if and when Applicable
- 4. This application must be signed by:
 - *i)* the owner, in the case of a sole proprietor,;
 - ii) a director or an authorized officer, in the case of a body corporate,
 - iii) a partner or an authorized officer, in the case of a partnership,
- 5. Where the required information cannot be furnished in the space provided on this form, the information must be submitted as annexures.
- 6. Copies of documents to be attached to the application should be certified by a Commissioner for Oaths.
- 7. Application should bear the Company's Seal and/or Stamp

PART A: PARTICULARS REGARDING THE APPLICANT

1.	Name of Applicant/Business Name
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2. Business Postal Address.....

3.	If the Applica	ant is a Comp	any, the	follow	ing pa	rticulars shou	ld be given	:-	
	(a)	Registered Office/Physical Address							
	(b)	Company Registration No/Certificate of Incorporation							
	(c)	Date of incorporation.							
	(d)	Trade Name (if applicable)							
	(e)	Postal Address of Correspondence							
	(f) T	Tel							
	(g) F	Fax							
	(h)	Email							
4.	Nationality of	Applicant							
	Type Model a Series	and Airc	eraft eration	Name of Owner		Capacity Pax	Capacity cargo	Max Take off weight	
	Give the full itiner lestination of the		ght show	ving all	l place	es to be served	and the ult	imate	
7.	Provide details of the number of passengers to embark and disembark at each point on the route and the respective dates in the table below:								
	Point of Embarkation/ Aerodrome	Date of departure	Number passen embar	gers	Diser	Point of nbarkation/ erodrome	Date of Arrival	Number of disembarking passengers	

8.	Give the full name and address of aircraft operator's local representative or agent.						
9.	•••	Provide the following information for the inclusive tour charter:-					
a)		Type of Tour (e.g. hunting, photography, leisure, sight-seeing, game viewing etc)					
	b)	Name of the hotel(s) where passengers are booked.					
	c)	Duration of tour					
	d)	Any other relevant information					
10.		Give the full name and business address of the charterer and the full name and address of the local representative or agent					
PA	RT.	B: LIABILITY FOR LOSS OR DAMAGE					
11.	Pro	a) the name(s) of the Insurance Policy Provider (Company)					
		 b) the amount of coverage provided in the Insurance Policy against liability in respect of loss or damage that may occur in connection with aircraft operated by the applicant in respect to:- i) Passengers and their baggage <u>USD</u>					

		iii) Third party liabilities <u>USD</u>					
	c)	In the case of a combined single limit liability, please state the risks covered including the amount					
No		Insurance cover to be provided must be as prescribed in the Civil Aviation (Licensing of Services Regulations 2018)					
PA	ART	C: DECLARATION REQUIRED IN RESPECT OF INCLUSIVE TOUR CHARTERS					
I.	De	claration by the Tour Operator					
I/V	Ve tl	he undersigned certify on behalf of by me/us that:					
a)		e information given in Part I above is correct					
b)		e aircraft for the flight(s) has/have been chartered by me/us					
c)	Adequate arrangements covering the flight(s) and ground services in						
	`	estination(s)) in Kenya have been made (certified copies of documents confirming these angements to be attached)					
	Sig	gned:					
	Na	me (in Block letters):					
	Pos	sition:					
	Ad	dress:					
	On	behalf of:					
	Da	te:					

II. Declaration by the Airline

I/We the undersigned certify that:-

a) The information given in I above is correct

b)	The aircraft for the flight(s) has been chartered by
c)	The total carrying capacity of the aircraft shall be at the disposal of the tour operator
d)	The laws and regulations in force governing the flight(s) will be complied with
Sig	gned:
Sed	(Company al)
Na	ıme (in Block Letters)
Po	sition
On	behalf of
Da	(Name and address of airline) nte:
	Ve the undersigned certify on behalf of
a)	The information given in I and II above is correct.
b)	Adequate arrangements concerning ground services have been made (Certified copies of documents confirming these arrangements to be attached)
Sig	gned:
N T	
INa	me (in Block Letters):
Po	sition:
On	n behalf of:(name and address of agent)
Da	ite:

DECLARATION

I, the undersigned, hereby declare that. to the best of my knowledge and belief, the information given in this application and in the attachments hereto is true in every respect.

JS\$being payment of the application fee.					
Dated this	Day of	Year			
Signature					
Signatory's Name in I	Block				
Position					
On behalf of					

Attach the following documents as appropriate:

- 1. Operations statistics for the preceding one year
- 2. Audited financial accounts for one year preceding the application submission
- 3. Aircraft Insurance Certificate and Policy
- 4. Air Operators Certificate
- 5. Certificate of Incorporation or company registration (new local applicant)
- 6. Business Plan (new local applicant)
- 7. Charters Agreement
- 8. Declaration from the aircraft operator
- 9. Declaration from the tour operator or his duly authorized representative or agent
- 10. Any other additional document to support the application