

INFORMATION PACK



Student / Pilot Surname:

Student / Pilot Name:

Date of Birth:

Age: Weight:

ID / Passport Number:

Home Address:

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Postal Address:

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Tel (h) (w)

Mobile: Email:

Next of Kin Name and Surname:

Tel (h) (w)

Mobile: Relationship:

Home Address:

.....

School Transfer: YES / NO School Name: (Tel)

Previous flying hrs:..... Licence Type:

----- **FOR OFFICE USE ONLY** -----

Licence number: Type: Expires:

Medical Cert.: Expires: Total Time:

Dual Check: Expires:

Signed: MFC Membership MFC Rules and Regulations: MFA Indemnity and terms & conditions

Licence Type Held: SPL PPL NPL GYRO COM

Exams Passed & Percentage: MET NAV ATG LAW RAD HP FPL POF

Internal Audit:

DATE	AUDITOR	RESULT