



CONFIDENTIAL

To be filled in CAPITAL letters

Details of Key Management Personnel required to be accepted.

1. Name of the Organisation:
2. Approval No. (AOC / CAMO / AMO / MTO etc.):
3. Name of the nominated management person:
4. Position:
5. Qualification relevant to the item (4) position:
6. Work experience relevant to the item (4) position

Signature of the nominated person: Date:

Name of the Accountable Manager / Signatory Authority:

.....

Signature of the Accountable Manager / Signatory Authority of the organisation:

.....

Date:

Note: **1.** The nominated person is for the post of Accountable Manager, this form must be certified by the Owner / Signatory Authority of the organisation. **2.** The nominated person is for the post of other than Accountable Manager, this form must be certified by the Accountable Manager.

On completion, please send this form under confidential cover to BCAA.

For BCAA use only

Name and signature of authorized BCAA representative accepting this person:

Signature:

Date:

Name: