



Seychelles Civil Aviation Authority
Seychelles International Airport
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SEYCHELLES INTERNATIONAL AIRPORT

OVERFLIGHT APPLICATION FORM

Operator Name:

Full Billing Address / Agent:

Telephone: Fax: Email:

Name of Person for Air Navigation Charges :

Email:

Fax:

Aircraft Registration:

Call Sign:

Aircraft Type (ICAO Code):

MTOW of Aircraft (KGS): (LBS):

Previous Departure Airport & Next Destination Airport (ICAO Codes):

Scheduled Departure / Arrival Dates & Times (UTC) for above requested information:

Total No. of Passengers & Crew Onboard:

Type of Cargo Onboard:

KINDLY NOTE THAT AT ALL FIELDS ARE TO BE FILLED BY FLIGHT APPLICANT FOR FINANCE PURPOSES.