

CHANGE OF ADDRESS NOTIFICATION

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink after reading the attached guidance.

If any mistakes are made on this form, please strikethrough the mistake and sign next to the correct entry. (make sure the incorrect entry can still be read)

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable and subject to prosecution under the current applicable regulation. Refer to the Civil Aviation (Safety) Regulations, 2017.

PAYMENT METHODS. Please complete form SSR\1187.

1. PERSONAL DETAILS		To be completed by the Applicant																					
SCAA Aviation Reference Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
Title:	Forename(s):	Surname:																					
Date of birth (dd/mm/yyyy):	Nationality:																						
2. NEW PERMANENT ADDRESS		To be completed by the Applicant																					
New Permanent Address:																							
.....																							
New Permanent Address Date Effective from:																							
Mobile Telephone Number:																							
3. NEW POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)		To be completed by the Applicant																					
New Postal Address:																							
.....																							
New Postal Address Date Effective from:																							
4. APPLICANT DECLARATION		To be completed by the Applicant																					
I declare that the new permanent address or new postal address entered on this form is true and correct and that is my current new permanent address or postal address.																							
Signature Date																							
5. SUBMISSION INSTRUCTIONS																							
Send your completed application form to:																							
Seychelles Civil Aviation Authority Safety & Security Regulation Department P.O Box 181 Mahe Seychelles																							
OR																							
Email this application form to PEL@scaa.sc																							
OR																							
Attach this application form to the correct application type on the Centrik Applications Module . Please contact the SCAA or your Seychelles Operating Company for guidance on submitting your application through Centrik.																							