



Send to

HKV FLYGI  
107 85 Stockholm  
SWEDEN

**Details of Management Personnel required to be accepted/nominated**

<input type="checkbox"/> SE-EMAR 145 Approval
<input type="checkbox"/> SE-EMAR M Subpart G Approval
<input type="checkbox"/> SE-EMAR 147
<input type="checkbox"/> SE-EMAR 21 Subpart J
<input type="checkbox"/> SE-EMAR 21 Subpart G
Approval Reference

Name	Position
Phone	E-mail

Qualifications relevant to the item position

Work experience relevant to the item position

Other nominated Form 4 positions currently held (including name of organisation)

Documents attached

Curriculum Vitae (CV)

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Signature	Date
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On completion, please send this form to SE-MAA

**Signature**

Name and signature of authorised SE-MAA staff member, accepting this person.

Place and Date	Signature
Position	
Name	