



Send to
HKV FLYGI
107 85 Stockholm
SWEDEN

Application

Name of the POA holder	Approval reference number
Address of the POA holder	

Locations for which changes in the terms of approval are requested

Brief summary of proposed changes to the activities at the addresses named above

a) General

b) Scope of approval

c) Nature of privileges

Description of organisational changes

Signature of the Accountable Manager or nominee

Date	Signature
Position	
Name	