



Seychelles Civil Aviation Authority  
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## **SEYCHELLES INTERNATIONAL AIRPORT**

### **LANDING 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):

Date of Flight & Schedule (UTC) into Seychelles:

No. of Passengers & Crew Arriving Seychelles:

Last Point of Departure & Next Destination from Seychelles (ICAO Code):

Date of Flight & Schedule (UTC) from Seychelles:

No. of Passengers & Crew Leaving Seychelles:

Purpose of Flight:

**OPERATORS ARE ADVISED TO CARRY THEIR OWN TOW-BARS ON BOARD.  
PLEASE CONFIRM THE ABOVE IN WRITING WHEN RESPONDING WITH SUBMITTED FLIGHT DETAILS.  
KINDLY NOTE THAT AT ALL FIELDS ARE TO BE FILLED BY FLIGHT APPLICANT FOR FINANCE PURPOSES.**