

| <b>ACCOUNTABLE MANAGER DECLARATION FORM</b><br>(To be completed by all key ATS managerial personnel)  |           |
|---|-----------|
| Name of the Officer:  |           |
| Name of Employer:   |           |
| Post/title:   |           |
| Principal Responsibilities:   |           |
| Report to:  |           |
| Academic Qualifications   |           |
| Work Qualification & Experience   |           |
| Years in Current Position   |           |
| Last position held  |           |
| Sub-ordinate staffing structure (Provide on separate sheet)   |           |
| <p><b>Declaration of Undertaking</b></p> <p>(1) I _____ an employee of _____ and holding the position of _____ having understood my principal responsibilities, is prepared to uphold them ensuring that the operation of the said air traffic services is for the safety of aircraft operations.</p> <p>(2) I am fully aware that any failure on my part on the area of responsibility so assigned to me to ensure:</p> <p>(i) compliance to the applicable standards published by the Authority; and</p> <p>(ii) compliance to the procedures promulgated by my employer;</p> <p>Will be in breach of 3.1 of the SDATS; and may invalidate the ATS Provider Certificate issued to my employer.</p> <p>(3) I understand that each post holder is accountable for the responsibilities/ functions so prescribed for the said position and that accountability entails competency on the part of the post holder in his/her performance.</p> <p>Signature _____ Date _____</p> |           |
| <b>For CAAF Use Only</b>  |           |
| Exposition /Ops MATM  |           |
| Acceptability of the applicant:   | YES / No* |

Remarks: (\*Areas of non-compliance, reasons, etc)

Name:

Signature

Date