

Application for Authority Card

ALL FIELDS ARE MANDATORY

NEW Application

CARD Renewal

Card LOST / Replacement

Sl. No	Name	Passport. No	DCL Account No	Signature
1				
2				
3				
4				
5				

I the undersigned hereby authorise the above staff members to clear and forward shipments on behalf of our company until further notice and you are requested to provide/review authority card. The named holder of authority card in the Financial Column is authorised to perform Financial Transactions with dnata Cargo under the terms and conditions of under the terms and conditions of the Deferred Payment Facility Agreement between our company and dnata Cargo.

Attached are copies of their Passport along with 2 Passport size photograph as well as a copy of our Trade Licence.

Manager's Name

Company Name **PO Box**

City/Country **Tel / Fax**

Signature/Date **Company Stamp**

FOR OFFICE USE ONLY

Please Issue Authority cards for the above people :

dnata - Cargo Administration Superintendent

Date

