

### Annex E – Air Transportation

This form is mandatory for all submissions to the expression of interest related to the service above. Companies not providing this information shall not be considered for the shortlist.

<b>Full Company Name</b> (As in incorporation documents)	
<b>Fantasy name</b> (if the company uses a different commercial brand)	

#### A. Basic Contact Information

<b>Representation office in Somalia</b>	<b>Address</b> (Including PO Box, if any)			
	<b>Phone Number</b>		<b>Email Address</b>	
<b>Did you complete the "Annex A – Basic Information"?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please note that it is mandatory to submit the information in Annex A for any expression of interest to be considered for a shortlist.		

#### B. Business Details

<b>What best defines your company?</b>	<input type="checkbox"/> Air transport company (operates own plane) <input type="checkbox"/> Specialized air transport broker <input type="checkbox"/> General transport agent
<b>If the company does not operate exclusive aircrafts, please list at least one aircraft owner operating with the company. Please provide a lease agreement allowing you to use their aircrafts</b>	

#### B.2 List below all the air transport licenses for Somalia and neighboring countries (if available)

Certification/License	Issuing Body/Civil Aviation Authority	Number	Date of Issuance	Date of Validity

#### C. Transport Capacity Detail

The list below the aircrafts available for operations based on the last 12 months based on payload

Type	≤ 3 MTG	3.1 - 7 MTG	7.1 -10 MTG	10.1 – 15 MTG	15.1 – 20 MTG	>20.1 MTG
Dedicated aircraft (owned or exclusively operating with the company)						
Third-party, on-demand.						

The list below is up to 10 aircrafts operated by your company.

#	Manufacturer	Model	Avg Capacity (MT)	Registration (Tail number)	Year of Manufacture	Configuration	Ownership
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

The list of your ground support structure in each airport is below.

Airport	Permanent Representation?	Currently available slot for aircraft parking?	Do you have handling capacity at this airport?
Aden Adde International Airport	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Baidoa Airport	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Bender Qassim International Airport	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Egal International Airport	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Other questions</b>					
Does the company operate international flights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please detail below the areas of operation:			
Does the company have the equipment/capacity to transport temperature-controlled supplies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please detail below the available equipment:			
Does the company operate helicopters?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please detail below the service available:			
Do you have specialized professionals to handle dangerous goods regulations and/or aviation security requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list below the professionals:			
		<b>Name</b>	<b>Position</b>	<b>Type of Certification</b>	<b>Issuing Body</b>
<b>D. Insurance</b>					
Does the company have insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please inform of any relevant insurance policy covering C&F Services			
Who is the insurer?			Name of the company		
Total value covered?			Include the auditor's opinion letter if available.		
What are the coverages?					
Exceptions?					
Has your company ever recorded losses for a client(s) cargo while under your custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how did you pay the cargo's Cost Insurance and Freight (C.I.F)? State the paid C.I.F Value in USD.			

I hereby certify that the information provided above is true to the best of my knowledge, and I agree that further documentation will be provided if required.

Name & Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp
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