<<Airline>>

<<Name>>

<<Address>>

<<ZIP Code and City>>

Date………………………….

**QUESTIONNAIRE**

FOR SCHEDULED AIRLINES WISHING TO BE REPRESENTED ON THE BOARD OF AIRLINE REPRESENTATIVES IN SWITZERLAND

In order to apply uniform criteria to carrier representatives seeking B.A.R. Switzerland membership, we ask that a senior manager of the air carrier at head-office complete and sign this questionnaire and return it to:

Board of Airline Representatives in Switzerland

Executive Officer

ZRHHX/DSGB/YEYA

c/o Swiss International Air Lines Ltd

P.O. Box

CH 8058 Zurich-Airport

Section A - The Air Carrier

|  |  |
| --- | --- |
| Name of Airline: |       |
| Head Office Address: |       |
| Telephone/Fax: |       |
| Name of Person signing this questionnaire: |       |
| Title: |       |

Section B - Person for whom B.A.R. accreditation is sought

|  |  |
| --- | --- |
| Name/First Name: |       |
| Office Address in Switzerland: |       |
| Telephone  |       |
| E-Mail: |       |
| Title of Person: |       |
| Is this person a full time employee of your carrier: | [ ]  Yes [ ]  No |
| Since when (state employment date): |       |
| Is this person carried on your payroll: | [ ]  Yes [ ]  No |
| Since when (state date): |       |
| Is this person authorized to act on your carrier’s behalf before the Board of Airline Representatives in Switzerland: | [ ]  Yes [ ]  No |
| Is this person authorized to request Free and/or Reduced Rate Transportation from other carriers and to grant Free and/or Reduced Rate Transportation to other carrier's employees: | [ ]  Yes [ ]  No |

We ………………………………………..(name of airline) hereby state and affirm that the above information is correct and complete and undertake to advise the Executive Officer B.A.R. Switzerland promptly of any changes.

Date:

Place:

Signature:

(Airline stamp)……………………...................... print name and title: