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**DIRECTORATE OF CIVIL AVIATION
 AERONAUTICAL INFORMATION MANAGEMENT**

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A - CONTACT DETAILS

Contact Person			
Title			
Telephone / email			
Fax No.		Number of Pages (Including this page)	

B - NOTAM DETAILS

NOTAM TYPE	New	Cancel	Replace
Previous NOTAM Number for Cancel or Replace			
A	Location		
B	Valid From Time	UTC/LOCAL	FORMAT:YYMMDDhhmm
C	Valid To Time	UTC/LOCAL	
D	Daily Schedule		
E	NOTAM Text		
F	Lower and Upper limit		

C - AUTHORIZATION

I declare that the information in this NOTAM request is accurate and authorized for dissemination

NAME	
SIGNATURE	
DATE	