



**THE REPUBLIC OF UGANDA
NON-ALIGNED MOVEMENT SUMMIT, KAMPALA 2024**

FORM C-3

OVERFLIGHT AND LANDING CLEARANCE FORM

(To be attached with a note verbale)

Country/Organization_____

Contact Person & Tel No_____

1.	NAME OF REGISTERED OWNER:				
2.	TYPE OF AIRCRAFT:				
3.	FLIGHT CALL SIGN:				
4.	REGISTRATION NO. OF AIRCRAFT:				
5.	NAME OF AIRCRAFT OPERATOR:				
6.	ADDRESS OF AIRCRAFT OPERATOR:				
7.	PURPOSE OF FLIGHT:				
8.	CAPTAIN'S NAME:				
9.	NUMBER OF CREW MEMBERS:				
10.	NAME AND STATUS OF VIP:				
11.	TYPE OF REQUEST: <input type="checkbox"/> OVER FLIGHT <input type="checkbox"/> LANDING				
12.	ROUTE OF FLIGHT (FROM-TO):				
13.	ENTRY POINT:		EXIT POINT:		
14.	BRIEF DETAILS OF CARGO/PASSENGERS:				
15.	DATE OF FLIGHT	ORIGIN , ESTIMATED TIME OF DEPARTURE AND DATE(ETD)	ENTRY POINT INTO UGANDAN AIR SPACE, TIME AND DATE	EXIT POINT OF UGANDAN AIRSPACE, TIME AND DATE	DESTINATION, DATE AND TIME OF ARRIVAL(ETA)

- Please Turn Over -



For applicants only

Ref. No. _____ Signature and stamp _____

Date _____ Name _____

For Official Use only

Flight permission number: _____ Signature and stamp _____

Ref. No. _____

Date _____

CC: Civil Aviation Authority
Special Forces Command
Ministry of Security

REMARK:

- I. **Hazardous or Dangerous Cargo description must be annexed to this request.**
- II. **Please note that all passengers must pay the airport service charge.**
- III. **Operators are advised to adhere to the stated schedule/information provided herein as failure to do so will result in a fine of not less than us\$10,000 per day**
- IV. **In addition to the fine stated in (ii) above, legal proceedings will be instituted after five (5) days and aircraft maybe sold off by public auction.**