

SUPPLIER REGISTRATION FORM

Ground Support

Mediterranean, which is committed to conducting its business lawfully and ethically, requires the following information for Mediterranean Compliance processes.

The omission of information in one or more sections of this form may lead to a delay or failure to register your company as a Mediterranean partner.

Please be assured any information provided is kept in the strictest confidence.

General Information

Please complete the form below and send it to ops@mediterr.aero

Registered Company Name					
Full Trading Name (if different from above	e)				
Trading Address (street, suburb, city, coun					
	- 37				
Registered Address (if different from above	ve)				
P.O. Box	Country	9			
Telephone	Email Ad	ddress			
Mobile We		Website			
Fax	SITA (if a	A (if applicable)			
	COMPANY STA	ATUS			
Please provide the following information					
Senior Management					
1. Name	Te	elephone			
Position	Mo	obile			
Email	Fa	ίΧ			
2. Name	Te	elephone			
Position	Mo	obile			
Email	Fa	ıx			
3. Name	Te	elephone			
Position		obile			
Email	Fa	LX .			

General Manager			
Name	Direct Telephone		
Email	Mobile		
Finance Manager			
Name	Direct Telephone		
Email	Mobile		
Accounts Manager			
Name	Direct Telephone		
Email	Mobile		
Operations Manager			
Name	Direct Telephone		
Email	Mobile		
Operations Department			
Email	Direct Telephone		
AFTN	SITA		
Please provide the following information and submit all toops@mediterr.aero Trade License Number Commercial Registration Number Date of Registration Third Party Liability Insurance Certificate Num Does your company have Product Liability Insurance If Yes, Amount of Liability Insurance Are your Ground Staff trained in Ramp Services If Yes, please attach a list providing the names of Does your company have the latest Quality Assuring Yes, please attach this certification	Number of Operation ber arance s and Safety Procedures of certified staff including	e and airport operation nal Years ?	□ Yes □ No
Mediterranean Company Policy strictly prohib sanctioned countries. Mediterranean complies with all economic sanc United States and all other juridications where ICAO Code Airport Name Slot Required Yes No	tions established by the		oon 2000, 200, 200, 200, 200, 200, 200, 20
Operational Hours	VHF Frequency		
Tower	ATIS		

AIRPORT FACILITIES

☐ General Aviation Terminal	☐ Crew Lounge		nge □ VIP Lounge	☐ VIP Lounge			
☐ Hangarage	☐ Maintenance Hangar		nce Hangar 🔲 Long-Stay Parking	☐ Long-Stay Parking			
☐ Cargo Handling Equipment If Other, please specify	☐ Customs and Immigration		nd Immigration Other	☐ Other			
		S	ERVICES				
Please tick whichever is applicable							
		Third Party		And the state of t	Third Party		
Aircraft Ramp Handling			Ground Support Equipment				
Aircraft Towing			Ground Power Unit				
Aircraft Cleaning			Air Conditioning Unit				
Baggage Handling			Air Starter Unit				
Catering			Lavatory Service				
Cargo Handling			Water Service				
Customs and Immigration Assistance			Pushback/Tow Tractor				
Follow-Me Vehicle			Tow Bar				
Maintenance			Belt Loader				
Slot/PPR Arrangements			Conveyor Belt				
Overflight Permit Arrangement			High Loader				
Landing Permit Arrangement			Medium Loader				
ATC Flight Plan Filing			Low Loader				
Weather Forecast NOTAMs			Passenger Steps				
FBO			De-icing Unit				
Crew Transportation			Forklift				
Passenger Transportation			Catering Loader				
Visa Assistance			Baggage Trolley				
Concierge Services			Baggage Tractor				
Meet and Greet Services			Pallet Trailer				
Accommodation Arrangements			Container Trailer				
Security Services			Ballets				
Ramp Supervision			Ramp Passenger Bus				
Check-In Counter (Commercial Flights))		Ramp Crew Bus				
Assist Passengers (Commercial Flights)				YES	NO		
			Do you have your own aircraft fueling?				
			Do fuel trucks have access to aircraft parking stands?				
			If not, will the aircraft have to be towed to fuel pads?				

PAYMENT METHOD

Do you provide a c	credit facility	for Handling Service	es?			☐ YES	□ NO
If yes, please specify c	redit facility ter	ms:					
If not, please specify a	ı payment meth	od:					
	☐ CASH	☐ CREDIT C	ARD	☐ WIR	ETRANSF	ER	
Do you provide a o	eredit facility	for Airport Fees?				☐ YES	□NO
If yes, please specify c							
If not, please specify a	payment meth	od:					
	□ CASH	☐ CREDIT C	ARD	□ WIR	E TRANSF	ER	
Do you provide a o	eredit facility	for Fuelling Services	?			☐ YES	□NO
If yes, please specify c	redit facility ter	rms:					
If not, please specify a	ı payment meth	od:					
	☐ CASH	☐ CREDIT C	ARD	□ WIR	ETRANSF	ER	
-		SUPPLIER BAN	NKINO	DETA	IIS		
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Account Name							
Bank Name							
Bank Address							
Account Number			Branch	Number			
SWIFT Code			IBAN N	umber			
-		DECLA	DATI	INC			
I hereby declare r	enresent and	warrant that the con			f the com	nany's directors or i	ıltimate
		rs or group companies					
trade or economic sa	anction law or	regulation.					
		on behalf of any person United Nations (UN).	that is or	ı a Speciall	y Designat	ed Nationals List fron	n OFAC,
The supplier will de Politically Exposed		iterranean if any seni	or mana	ger, sharel	older or o	owner of the compan	y is a
Name		Position	Cor	npany S	tamp	Date	