PERSON MISSING AND BELIEVED TO HAVE DIED IN CONSEQUENCE OF AN ACCIDENT TO AN AIRCRAFT REGISTERED IN BRUNEI DARUSSALAM

An official record shall be kept by the Brunei Department of Civil Aviation of persons reported to the Department as missing and believed to have died in consequence of accidents to aircraft registered in Brunei Darussalam. It is requested therefore that the owner of such an aircraft will notify as soon as possible after the occurrence of any such event, particulars of every such missing person in accordance with the form of return set out below. If however the aircraft has been leased out for a period exceeding fourteen days to any other person by the owner thereof and no crew member of the aircraft is in the employment of the owner, this return shall be completed by the person to whom the aircraft has been leased out.

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink. This form, when completed, should be forwarded to:

***Flight Operations Section***

***Regulatory Division***

***Department of Civil Aviation***

***Ministry of Transport and Infocommunications***

***Brunei International Airport***

***Bandar Seri Begawan, BB2513***

***Brunei Darussalam***

Or via email at [flightops.regulatory@dca.gov.bn](mailto:flightops.regulatory@dca.gov.bn)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registration Marking of Aircraft** | | **Date of accident (a)** | | **Place of accident (b)** | |
| **Name of missing person (c)** | | | **Surname of missing person (c)** | | |
| **Usual residence of missing person (d)** | | | | | |
|  | | | | | **Postcode** |
| **Gender (e)** | **Age (f)** | **Profession or occupation, rank or title (if any) and nationality** | | **Grounds for presumption of death** | |
| **DETAILS OF INFORMANT (if any) (h)** | | | | | |
| **Name** | | | **Relationship** | | |
| **Home Address** | | | | | |
|  | | | | | **Postcode** |
| **Signature of Informant** | | | | | |

|  |  |
| --- | --- |
| **For official use only** | |
| **Name of person completing return** | **Rank of person completing return** |
| **Signature** **of person completing return** | **Date (a)** |

***Note:***

1. *Date format dd/mm/yyyy.*
2. *Actual position if known, Otherwise approximate position, eg ‘40 miles west of Lisbon’, ‘over Dieppe’, ‘over Northern France’.*
3. *Forenames in full, followed by surname.*
4. *The full postal address should be stated.*
5. *‘Male’ or ‘Female’.*
6. *To be recorded in complete years, or in months or days.*
7. *The informant’s full names, relationship (if any) to deceased, and full postal address should be stated.*