ORGANISATION LIST OF MANUALS

Please complete the form in BLOCK CAPITALS using black or dark blue ink.

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| **1.** | **Operator/Organisation**  | **AOC No** |
|  **List of Manuals Revision No** |

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| **2.** | **Compliance Monitoring Manager Name** | **Date** |
|  **Signature** |

***Note: For Brunei DCA use only***

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| **3.** | **Name** | **Date** |
|  **Signature** | **Position** |

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| **Manual Name** | **Revision/****Issue No** | **Effective Date** | **Approved****(For DCA Use)** | **Accepted****(For DCA Use)** |
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