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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