

Annex 10 - APPLICATION FORM FOR TEMPORARY ACCESS CARD (TAC) TO RESTRICTED AREAS AND AIRSIDE OF MACAU INTERNATIONAL AIRPORT

Note: Please fill in this form by typing or using capital letters

SECTION 1 - SPONSORING ORGANISATION

1. Name of Sponsoring Organisation:	
2. Name of Authorised Signatory:	
3. Name of Contact Person (if different from above):	4. Contact Tel No.:
<p>5. I hereby request that the applicant Identified in Section II be issued with an Airport Security Restricted Areas and Airside TAC valid for the period applied for herein.</p> <p>I understand and will comply with the requirements of this regulation regarding the escort and ensure that airport PAC holder(s) responsible for the escort, and those issued with TAC(s) are also aware of such requirements.</p> <p>I hereby confirm the authenticity of all data included in this form.</p>	
6. Signature of the responsible person:	7. Date of Application:

SECTION 2 - INFORMATION ABOUT THE APPLICANT AND ESCORTING ORGANISATION

Personal Data Collection Statement (PICS) 1) The Macau International Airport Co. Ltd. will use the personal data collected in this application form for the purpose of processing applicant's application for the airport TAC. 2) The Macau International Airport Co. Ltd. will show the personal data collected in this application form on the TAC to allow for security verification at the airport security checkpoint. 3) The applicant may request access to, correction of or update of his/her personal data in relation to his/her application of the airport TAC. 4) The responsible person of the sponsoring organization informed the applicant regarding his/her personal data was collected for the application of TAC				
Surname of Applicant (s) as stated on the identification document	Given Name of Applicant (s) as stated on the identification document + Middle Name	Company (if different from the sponsoring organization)	Escorting Organization (if different from the sponsoring organization)	Identification Document No.

SECTION 3 - ACCESS REQUIRED

Pass Validity :	From ____ / ____ / ____ (DD/MM/YY)	To ____ / ____ / ____ (DD/MM/YY)
Reasons for Access:		
Access Areas:		

SECTION 4 - TO BE FILLED IN BY THE AIRPORT DIRECTOR

Approval of the Airport Director or delegated person:	DENY <input type="checkbox"/>	APPROVED <input type="checkbox"/>
Date:		