ANNEX 2
FORM B

NON-SCHEDULED FLIGHT REQUEST *(please, provide 3 copies)*	
Date of file:	
NAME (or corporate name) OF THE OPERATOR AIRLINE:	
AIRCRAFT OWNER: *(if different from the operator)*	
AIRCRAFT TYPE AND CAPACITY: *IMMATRICULATION No.:*	
DATES, ROUTE AND COMPLETE TIME-TABLE OF FLIGHT:	
FLIGHT CATEGORY: *Is the flight* ***a -*** *a charter flight* ☐ *yes* ☐ *no* *Name and address of the charterer:* *Transport price (contract amount) :* *(number of passengers) :* *Purposes of the charterer (other than travel):* *Is it exact that all group members belong for more than six months to the association (or company) mentioned above as being the charterer?* ***b -*** *an inclusive tour* ☐ *yes* ☐ *no* *If yes, please indicate:* *Name and address of the charterer:* *The minimum price paid by each passenger for the whole tour:* *The exact route of the complete tour:* *The total tour duration and the estimated stay duration in the French department or territory concerned:*	
SIGNATURE: *Name and position of signatory:* *Signature*	

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