

Online Coordination System Agreement
Account Application Form

This form must be completed in ink and submitted to OCS Portal Administrator in order to obtain authorisation to use OCS. Incorrect or missing information may delay the processing of your application. All parts of the form must be completed

Family Name		Given Name	
Company Address		Series / single date	
/ duress		Single Date only	
		GA/BA	
		Please select <b>ONF</b> of	the above for edit access.
		Leave blank for a view	
Telephone			
User Email			
Default Email			
Question and Answer Pair			
Question	_	Answer	
In the event of forgotten passwords or when you require telephone support, we may use this question and answer pair to confirm you are who you say you are. The pair should consist of something you will remember.			
g,			
Country	Airport code	Airline code/ Flight No. range	Change horizon (in days)
Please complete the above table.			
If you wish to limit this account to make changes up to a certain number of days in the future please indicate this in the change horizon column.			
uns in the change nonzon column.			
Signature of Applicant		Signature of Senior Manager	
X			
Date		Date	
I agree that submitting this form constitutes acceptance of the Online Coordination System Privacy Policy.			
I agree that submitting this form constitutes acceptance of the Online Coordination System Terms and Conditions.  (Please note legal requirements of clause 11 re Data protection Legislation)			
OCS Portal Administrator internal use only.			
UI P Pc			
S D			