

Fax: (852) 2753 2888

COSAC-AWB Airline Registration Form

To: membership@hactl.com

Please register our company as a COSAC-AWB a	airline with the following details:
Airline's Name :	
COSAC-AWB Effective Date :	
Notification Means: ☐ Email; ☐ Fax Numbe	er (Please tick as appropriate)
1 st email address	1 st Fax number
2 nd email address	2 nd Fax number
3 rd email address	3 rd Fax number
(Maximum three value for each notification means)	
Phone number shown in COSAC-AWB notification	ation:
Address shown in COSAC-AWB notification: _	
Contact Person :	Title :
Contact Phone :	Contact email :
This registration shall form an integral part of	eted registration for your company as COSAC-AWB Airline. and an attachment to the Hactl Membership Agreement eement.pdf) entered into between your company and Hactl.
Authorized Signature :	Title :
Date :	Company Stamp :

For System Support, please feel free to contact our Customer Support Hotline at 2753-1002 during office hours, or email to service@hactl.com