



THE REPUBLIC OF UGANDA  
G-77 THIRD SOUTH SUMMIT, KAMPALA 2020

FORM C-3

**OVERFLIGHT AND LANDING CLEARANCE FORM**

*(To be attached with a note verbale)*

Country/Organization \_\_\_\_\_ Tel No \_\_\_\_\_

1.	COUNTRY/ EMBASSY/INT. ORG:
2.	TYPE OF AIRCRAFT:
3.	CALL SIGN:
4.	REGISTRATION NO. AND NATIONALITY:
5.	AIRCRAFT OPERATOR AND ADDRESS:
6.	PURPOSE OF FLIGHT:
7.	CAPTAIN'S NAME:
8.	NUMBER OF CREW MEMBERS:



9.	NAME AND STATUS OF VIP:
10.	TYPE OF REQUEST: <input type="checkbox"/> OVER FLIGHT <input type="checkbox"/> LANDING
11.	ROUTE OF FLIGHT (FROM-TO):
12.	POINTS OF DEPARTURE AND DESTINATION:
13.	TYPE OF CARGO:
14.	DATE OF FLIGHT
	ORIGIN , ESTIMATED TIME OF DEPARTURE AND DATE(ETD)
	ENTRY POINT INTO UGANDA AIR SPACE, TIME AND DATE
	EXIT POINT OF UGANDAN AIRSPACE, TIME AND DATE
	DESTINATION, DATE AND TIME OF ARRIVAL(ETA)



**- Please Turn Over -**

**For applicants only**

**Ref. No.** \_\_\_\_\_ **Signature and stamp** \_\_\_\_\_

**Date** \_\_\_\_\_

**For MFA purpose only**

**Flight permission number:** \_\_\_\_\_ **Signature and stamp** \_\_\_\_\_

**Ref. No.** \_\_\_\_\_

**Date** \_\_\_\_\_

**AC:** Civil Aviation Authority  
Special Forces Command  
Ministry of Security

**REMARK:**

HAZARDOUS OR DANGEROUS CARGO DESCRIPTION MUST BE ANNEXED TO THIS REQUEST