

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 <input style="width: 90%;" type="text"/>	Given Name <input style="width: 90%;" type="text"/>
Company Address <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Series / single date <input type="checkbox"/> Single Date only <input type="checkbox"/> GA/BA <input type="checkbox"/>
Telephone <input style="width: 90%;" type="text"/>	Please select ONE of the above for edit access. Leave blank for a view only account.
User Email <input style="width: 90%;" type="text"/>	
Default Email <input style="width: 90%;" type="text"/>	

Question and Answer Pair

Question <input style="width: 90%;" type="text"/>	Answer <input style="width: 90%;" type="text"/>
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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.

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.

Signature of Applicant	Signature of SSIM Attachment 2 Representative or Senior Manager
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 <input style="width: 90%;" type="text"/>	P	<input style="width: 90%;" type="text"/>	Pc	<input style="width: 90%;" type="text"/>
S _____		D _____		