

SECURITY AWARENESS TRAINING FOR AIRPORT SECURITY PASSES (SAT) APPLICATION FORM

Section 1: Applicants Details

Name: _____ ID Card /Passport No: _____

Date of Birth: _____ Nationality: _____

Address: _____

Employing Company: _____ Job Description: _____

Company Tel. No: _____ Mobile No: _____

Email address: _____

Initial SAT Training

Refresher SAT Training *(Please tick as applicable)*

Applicant's Signature: _____ Date: _____

Section 2: Data Protection Declaration

This information is being collected for the purpose of granting Temporary access to controlled areas within Malta Airport. All data is collected and processed in accordance with the Data Protection Act, 2001.

I hereby give my consent to Malta International Airport plc to use and store the above information for future retrieval, electronically or otherwise, in connection with my request to gain access to controlled areas of Malta International Airport.

Applicant's Signature: _____ Date: _____

For Official use by MIA plc

