

HELICOPTER CLEARANCE INFORMATION

The following detail must be completed in full and faxed to number mentioned below 24 hours prior to landing.

Helicopter Registration:	
2. Date of arrival:	
2. Time of arrival:	
3. Duration of stay:	
4. Date of Departure:	
4. Time of departure:	
5. Pilot Name:	
6. Pilot Contact Details:	
7. Number of passengers	
8. Owner of helicopter:	
9. Description of helicopter:	
10. Are the helicopter and pilot insured?	
11. Copy of ID and Pilot License:	
12. Reason for Landing:	

Please note there is no dedicated security allocated for this area and should you require such, it can be arranged via this office at your own cost.

Once above information is fully completed and signed by the relevant individual, the Sun City Security Control Room will send a clearance notification to advise if landing had been approved/not approved.

Yours faithfully

Hendrik Strauss Security Operation Manager Sun City



INDEMNITY

I,[Full Name	agree and acknowledge that Sun International
representatives and agents are not li	s Sun City, its directors, officers, employees, iable for any death ,harm or injury whatsoever to
any persons property or possession,	howsoever arising.
Signature:	_
directors, officers, employees, repres	al (South Africa) Limited trading as Sun City, Its sentatives and agents from any claim of whatever any of them arising from flying and landing of the
Date:	
Signature:	_
in front of the Hotels, i.e. Birds of Pre	the Complex is <u>prohibited</u> due to activities in the air y, paragliding, etc. and no flying within 3KM of the / 027 07 357 E. This is a protected Game area with
Signature:	_
	ading for the Bottom Zip Slide cable is:-25-21-40- - Top of Zip Slide:-25-21-07-South:-27-05-36-East:-
Altitude:-4410: All helicopters are to e	ensure that they maintain sufficient altitude to avoid
•	n coming in to land at the main helipad, the <u>G.P.S</u>
reading is 25 20 374 S/ 027 05 362 E.	Altitude is 1188 meters. No exceptions
Signature:	_



I, here by acknowled to further action to be	•			d failure may lead
Signature:				
Signed at		this	day of	201
Accountable perso	n:			
Signature:				
Name in print:				
Witness:				
Signature:				
Name in print:				