

Macau International Airport Route Development Incentive Application

(Please attach any additional information relevant to evaluate this application)

Operator Name					
Billing Address					
Route(s) Name(s)					
Destination(s), ICAO airport code(s) and name(s)					
Stops en-route, ICAO airport code(s) and name(s)					
Start-up date(s)					
Aircraft Type					
Aircraft Capacity					
Frequency of Operation (per route/ per week)					
Traffic per year (fill as appropriate)					
Planned number of landings					
Planned number of passengers					
Scheduled Timings for 201_ flights*					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

* Any changes of times to be notified to Macau Airport

Date of Application: _____/_____/201____

Duly Authorized Applicant Representative

Name: _____

Title: _____

Please address the application to:

Chairman of the Board of Directors & Executive Committee of
CAM-Macau International Airport Company, Ltd.

Tel: 853-85988888 Fax: 853-28785465

Website: www.macau-airport.com