



Application Form

Please fill in all the required information as much as applicable. All applications must be delivered with the other requirements and an **application fee of 1000 S.R.** at our Jeddah office (Palestine street, behind Chocoline, **Alfasil Group** villa next to Boncafe).

Non Jeddah residents can send the filled application, requirements, and bank deposit voucher to fax number: +9662 6613165. **Rajhi Bank Account: 223608010166669**

Personal Information

Full Name: _____ Gender: Male Female
Date of Birth: _____ Place of Birth: _____
Telephone: _____ Cell phone: _____
Email: _____
Nationality: _____ ID Type: _____
ID Number: _____ Name of Sponsor: _____
Postal Address: _____

Courses

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Discovery Flight | <input type="checkbox"/> PPL | <input type="checkbox"/> CFII |
| <input type="checkbox"/> Flight Review | <input type="checkbox"/> CPL | <input type="checkbox"/> MEI |
| <input type="checkbox"/> Recurrent Training | <input type="checkbox"/> Multi Engine Rating | <input type="checkbox"/> AGI |
| <input type="checkbox"/> Instrument Proficiency Check | <input type="checkbox"/> ATPL | <input type="checkbox"/> IGI |
| <input type="checkbox"/> Instrument Rating | <input type="checkbox"/> CFI | <input type="checkbox"/> Other |

Preferred Enrolment Date

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Next February | <input type="checkbox"/> Next August | <input type="checkbox"/> Other |
| <input type="checkbox"/> Next May | <input type="checkbox"/> Next November | |

License Conversion

- | | |
|---|--|
| <input type="checkbox"/> PPL | Previous Flying Training School: _____ |
| <input type="checkbox"/> CPL | Graduation Date: _____ |
| <input type="checkbox"/> Instrument Rating | Acquired License: _____ |
| <input type="checkbox"/> Multi Engine Rating | Type and Number: _____ |
| <input type="checkbox"/> ATPL | Country of Issue: _____ |
| <input type="checkbox"/> Flight Instructor Rating | Medical Class: _____ |
| | R/T Lic No.: _____ |

Log Book Details (if available)

	Total	PIC	SIC	Solo	Solo X-Country	Total X-Country	Instrument	Simulated Instrument	PIC Night	Total Night	Flight Instruction
Logbook Hours											
Aircraft Type											

Requirements

With this application I supplied Rabigh Wings school with photocopies of the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Valid ID | <input type="checkbox"/> License (if available) |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Highest Education Certificate Received |
| <input type="checkbox"/> Logbook (if available) | <input type="checkbox"/> Toefl Level 4 |

Date: _____

Signature: _____