



**AFI REGIONAL MONITORING AGENCY (ARMA)**  
**(NPM FORM F1)**

**NPM POINT OF CONTACT DETAILS/CHANGE OF POINT OF CONTACT DETAILS FOR**  
**MATTERS RELATING TO RVSM**

*This form shall be completed and returned to the emails below as requested or when there is a change to any of the details on the form (PLEASE USE BLOCK CAPITALS).*

STATE OF REGISTRY: enter State here

Mandated By:  
(State Authority,  
i.e. CAA)

National Point of Contact:

Full Name:

ADDRESS:

Title:

Surname:

Initials:

Post/Position:

Telephone #:

Fax #:

E-mail:

Mobile #:

Please return to the following E-Mail: [armad@atns.co.za](mailto:armad@atns.co.za) and copy [afirma@atns.co.za](mailto:afirma@atns.co.za)

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