



**DHSL CONTINUING AIRWORTHINESS SERVICE (CAS)**  
**INITIAL APPLICATION FOR CAS MEMBERSHIP 2016/17**

Company: .....

Phone: .....

Name: .....

Mobile: .....

Address: .....

e-mail: .....

.....  
 .....  
 .....

It is essential that you enter an e-mail address.  
 Confirmation of your CAS subscription and  
 received invoices will only be sent electronically.

Post/Zip Code: .....

**I wish to make INITIAL APPLICATION for membership of the DHSL Continuing Airworthiness Service for one year for the following aircraft type/s: (Tick as appropriate)**

Single-engined types:	Fee (per annum) if not TRA
<input type="checkbox"/> DH82A Tiger Moth	£110.00 + VAT = £132.00 incl VAT (UK/EU)    £115.00 (Rest of World)
<input type="checkbox"/> DHC-1 Chipmunk Series	£110.00 + VAT = £132.00 incl VAT (UK/EU)    £115.00 (Rest of World)
<input type="checkbox"/> Scottish Aviation Bulldog Series.	£110.00 + VAT = £132.00 incl VAT (UK/EU)    £115.00 (Rest of World)

Multi-engined type:	Fee (per annum) if not TRA
<input type="checkbox"/> Dragon Rapide	£110.00 + VAT = £132.00 incl VAT (UK/EU)    £115.00 (Rest of World)

**Please return this form to:**

de Havilland Support Ltd  
 Building 213  
 Duxford Airfield  
 Cambridgeshire  
 CB22 4QR  
 ENGLAND

Tel: +44 (0) 1223 830090  
 FAX: +44 (0) 1223 830085  
 UK VAT Registration No: 727 6167 16  
 Company Registration No: 4049847  
 Registered Office: see left of page  
 e-mail: [info@dhsupport.com](mailto:info@dhsupport.com)

Database:  Confirmed by e-mail:  A/c code:  Invoice No:  (Office use only)

**Please enter payment details: (\*Delete not applicable)**

\* Please find enclosed cheque (drawn in £ Sterling on UK bank) for the sum of £.....  
 Cheques payable to "de Havilland Support Ltd"

\* Please debit my Visa\*/MasterCard\* card with the sum of £.....

Card No: ..... - ..... - ..... - .....

Expiry date: ...../.....

Security Code (last three numbers on the signature strip): ... ..

Cardholder's name: .....

Signature:.....

**Note: All credit card data is destroyed on completion of the transaction.**

\*I wish to use PayPal. Please e-mail me a PayPal invoice.

\*To pay by Bank Transfer, please use "CAS" as the Payment Reference.  
 Sort Code: 40-10-09    Account No: 91370677  
 IBAN: GB03MIDL40100991370677    BIC: MIDLGB2118L

**Please ensure that you accept responsibility and pay any bank charges, if applicable.**