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APPLICATION FOR ACCESS TO UNHAS SOUTH SUDAN FLIGHT FACILITY

**APPROVAL PROCEDURES**

1. Approval for the use of UNHAS flights is done through the office of the Deputy Resident and Humanitarian Coordinator (DRHC) Mr. David Gressly [dgressly@unicef.org](mailto:dgressly@unicef.org). This can be requested for by email with a copy to Jean Francois Darcq [jdarcq@unicef.org](mailto:jdarcq@unicef.org).

2. On approval by DHC, process of opening a TAF account with UNHAS will proceed in accordance with procedures as detailed by WFP Finance section.

- a. For accounts in South Sudan the TAF Agreement with WFP on behalf of UNHAS must be completed and sent to WFP South Sudan Coordinator for signature (Juba).

Elizabeth Kago ([elizabeth.kago@wfp.org](mailto:elizabeth.kago@wfp.org))

Vitalis Okello ([vitalis.okello@wfp.org](mailto:vitalis.okello@wfp.org))

Mike Poole ([mike.poole@wfp.org](mailto:mike.poole@wfp.org))

- b. For accounts to be opened in the north (Khartoum) our finance section in Khartoum inquiries must be directed to:

Gro Nyhus ([gro.nyhus@wfp.org](mailto:gro.nyhus@wfp.org))

- c. When payments are made into the various bank accounts (below), proof of this payment must be sent to the above addressees as required.

2. The attached forms need to be completed in this process. Both must be emailed to the above addressees (for South Sudan and Khartoum). Hard copies can also be delivered to UNHAS office in Juba, Rumbek or Lokichogio

- a. UNHAS General Booking Authorisation Form.
- b. Customer Contact Details.

3. The applicant will deposit an initial amount into either of the indicated bank account and show proof of the same. The amount deposited will depend on the NGOs projected flight utilization and estimate thereof by UNHAS. The NGO should always have money in their account in advance as indicated in the SOP.

4. TAF account will be opened for you and therefore full access to UNHAS flights.

Effective date : 1 January 2007

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ADDRESS:

House 25, Block No 12, New Extension (Amarat), Khartoum, Sudan

P.O. Box 913, Khartoum, Sudan

Tel +249 183 587395, Fax: +249 183 587398 / 93



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5. Bank Account Details

**Nairobi**

Payee's Name: World Food Programme  
PO Box  
44482, 00100  
Nairobi, KENYA

Bank Name: CITIBANK  
Branch: UpperHill  
P.O Box 30711, 00100  
Telephone: 2711221  
Fax: 2714811  
Nairobi, Kenya

Account No: 101 194 515  
SWIFT Code: Citikena

**Lokichoggio**

Bank Name: Kenya Commercial Bank,  
Account No: 402-006-007

**Juba**

Beneficiary Name: WFP Sudan Juba Sub Imprest A/C USD

Bank Name: Kenya Commercial Bank LTD.  
Account No: 013402133933  
SWIFT Code: KCBLKENX

Corresponding Bank:

Bank Name: Byblos Bank Africa LTD, Khartoum,Sudan.  
Account No: N/A  
SWIFT Code: BYBASDKHXXX

**Khartoum**

Name of account: WFP EMERGENCY OPERATION IN SUDAN  
Account No. USD: 65059274  
Account No. SDD: 65008138

Bank Name: Blue Nile Mashreg Bank  
Private Banking Branch  
SWIFT Code: BLNISDKH  
Post Code: 11111  
PO Box 371  
Khartoum Sudan  
Tel: 00249 11 83 772720/772840/772881  
Fax: 00249 11 183772743

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**UNHAS GENERAL BOOKING AUTHORISATION INFORMATION (To Be Completed by All Applicants)**

<b>1. Name/Title of Organization</b>		<b>2. Business Address in Sudan</b>	
<b>3. Official Phone No:</b>	<b>4. Official Fax No:</b>	<b>5. Official Email Address</b>	
<b>7. Name/Title/Designation of Officer(s) Authorized to Approve Staff Travel/Consignment of Cargo</b>			
<i>Name (In full)</i>	<i>Title/Designation</i>	<i>Sample Signature</i>	
<i>Email Address</i>			
<i>Name (In full)</i>	<i>Title/Designation</i>	<i>Sample Signature</i>	
<i>Email Address</i>			
<i>Name (In full)</i>	<i>Title/Designation</i>	<i>Sample Signature</i>	
<i>Email Address</i>			
<p>I, the Accountable Officer of the above-mentioned organization, affirm that the Officers named above possess the delegated authority to authorize the consignment of the organization's cargo and the travel of staff directly employed by the organization on UNHAS aircraft and that such travel/consignment of cargo shall be in accordance with UNHAS rules and regulations currently in force.</p>			
_____		_____	_____
(Name in Full of Head of Organization)		(Signature)	(Date and Official Stamp)

**Sample of Official Stamp**



**APPLICANT CONTACT DETAILS**

**APPLICANT DETAILS**

APPLICANT FULL NAME:
APPLICANT ABBREVIATION:
LOCATION, STREET, POST ADDRESS:

**FINANCE CONTACT**

NAME:
OFFICE TEL NUMBER:
MOBILE NUMBER:
FAX NUMBER:
E MAIL ADDRESS:

**FOCAL POINT**

NAME:
OFFICE TEL NUMBER:
MOBILE NUMBER:
FAX NUMBER:
E MAIL ADDRESS:

Customer Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

Advance:

Receipt Number:

GRO NYHUS  
FINANCE OFFICER  
Tel Office: 0183 587395 Ext 3063  
Mobile: 0912160768  
E Mail: gro.nyhus@wfp.org

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