SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Licensing Department**
Telephone number: **011-545-1000** Fax Number: **011-545-1456**
Physical address: **Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**
Postal address: **Private Bag X73, Halfway House 1685** Website: **www.caa.co.za**

Form Number: CA 61-01.10

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE			
Bank: **Standard Bank of SA Ltd**	*Branch:* **Brooklyn, Pretoria**	*Branch Code:* **011245**	*Account Number:* **013007971**

COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)		
Service/transaction	***Over the counter payments***	***EFT, Internet, Wire, Electronic payments***
Notification of change of particulars		

TRANSFER OF PARTICIPANT TO ANOTHER TEST CENTRE

Details of Applicant			
Surname		First names	
Licence Number		Email	
Telephone number		Cell phone number	

Details of the test centres			
Name of present test centre		CAA accreditation number	
Name of test centre manager		Phone number	

Name of new test centre	
Reason/s for transfer	

SIGNATURE OF PRESENT TEST CENTRE MANAGER	**NAME IN BLOCK LETTERS**	**DATE**

SIGNATURE OF PARTICIPANT	**NAME IN BLOCK LETTERS**	**DATE**