SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **Examinations**
Telephone number: **011-545-1000** *Fax Number:* **011-545-1467**
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 61-154

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***
ENTRY VALIDATIONS WRITTEN		

ENTRY FOR WRITTEN EXAMINATION (VALIDATION & OTHER)

Please note that it is compulsory to be in possession of a valid Identification document or Passport to enter for and attempt these examinations

Licence Number		Expiry Date	
Surname and Initials			
Residential address			
		Postal code	
Postal address			
		Postal code	
ID number		Telephone number (h)	
Telephone number (w)		Cellular phone number	
Fax number		E-mail address	
Centre			

	SUBJECT/EXAM	*Please mark with an X*	
1.	PRIVATE PILOT (IR)		**For details see, AIC 31.1.3**
2.	PRIVATE PILOT (VFR)		
3.	COMMERCIAL PILOT (VFR)		
4.	COMMERCIAL PILOT (IFR)		
5.	AIRLINE TRANSPORT PILOT		
6.	FLIGHT ENGINEER		
7.	INSTRUCTOR TP/TJ ENDORSEMENT		
8.	HELICOPTER TECHNICAL GENERAL		
9.	MNPS/RVSM		
10.	FLIGHT ATTENDANT		

I meet the requirements for entering the above indicated examinations

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

FOR OFFICIAL USE ONLY

Details checked by:

SIGNATURE OF EXAMINATIONS OFFICER	**NAME IN BLOCK LETTERS**	**DATE**

Amount paid	**R**		Receipt number	
Remarks				