



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

Form Number: CA 61-95

Website: www.caa.co.za

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	
INSTRUMENT FLIGHT RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTRY FOR INSTRUMENT FLIGHT RATING EXAMINATION

Please note that it is compulsory to be in possession of a valid pilot licence issued in terms of Air Navigation Regulations 1976, as amended to enter for and attempt these examinations

LICENCE NUMBER: EXPIRY DATE:/...../.....

SURNAME AND INITIALS: (BOLD PLEASE, DUPLICATE)

RESIDENTIAL ADDRESS: ID NO:

..... TEL (H):

..... CODE: TEL (W):

POSTAL ADDRESS: CELL:

..... FAX:

..... CODE: e-mail address

DATE OF EXAMINATION: CENTRE:

SUBJECTS

- | | | |
|----|---------------------------------|--------------------------|
| 1. | Aviation Meteorology | <input type="checkbox"/> |
| 2. | Flight Planning and Performance | <input type="checkbox"/> |
| 3. | Radio Aids and Communication | <input type="checkbox"/> |
| 4. | Navigation | <input type="checkbox"/> |
| 6. | Instruments and Magnetism | <input type="checkbox"/> |
| 7. | Air Law and Procedures | <input type="checkbox"/> |

**For details, see
AIC 31.1.3**

I meet the requirements for entering the above indicated examinations

SIGNATURE: DATE:/...../.....

FOR OFFICIAL USE ONLY

Details checked by: Date:/...../.....

Amount paid: R Receipt no:

Remarks:

.....

.....