SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: Licensing Section
Telephone number: **011-545-1000** *Fax Number:* 011-545-1459
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 61-13.20

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***
MCC Certificate		

CERTIFICATE FOR MULTI-CREW COOPERATION (A & H)

DETAILS OF CERTIFICATE HOLDER			
Surname		First names	
RSA ID/Passport		Licence Number	
Nationality			
Residential address			
Postal address			
		Postal code	
Telephone Number		Cell number	
Facsimile Number		Email address	

SIGNATURE OF CERTIFICATE HOLDER	**NAME IN BLOCK LETTERS**	**DATE**

CERTIFICATE		
I, the undersigned, certify that crew member		has complied with, and has

been assessed according to the requirements as prescribed in Document SA CATS-FCL 61.13 and **Appendix 20.0** to SA CATS-FCL 61.

The crew member is competent to operate safely in multi-pilot operations under IFR as the pilot flying (PF) and pilot not flying (PNF)

Aircraft/Simulator designator		Aircraft/Simulator reg.	
Name of instructor		Licence number	
Name of training organisation		CAA ATO Number	

SIGNATURE OF INSTRUCTOR GR. I/II	**NAME IN BLOCK LETTERS**	**DATE**