

## PROSPECTIVE MANUFACTURER'S PRE-ASSESSMENT STATEMENT (PMPS)

**NOTE:** This Form Must Be Completed By Prospective Manufacturing Organisation

<b>1. PARTICULARS REGARDING THE APPLICANT</b>								
1.1	Full name of organization							
1.2	Trade name, if applicable							
1.3	Address of the principal (main) base where functions will be conducted, include address of			1.4	Postal address			
		Postal code				Postal code		
1.3.	Secondary Base if applicable <i>(Do not use Post office Box)</i>							
1.5	Telephone number			1.6	Fax number			
1.7	Cellular phone number			1.8	E-mail address			

1.9	Legal status of organization (company /close corporation/ organization /trust /other - specify)						
1.10	Registration number in the case of a company /close corporation /trust						
1.11	Number of employees employed by the organisation						
1.12	Proposed Start-up Date						

<b>2. DETAILS OF INTENDED PRODUCTION</b>			
<b>2.1 Management and Key Staff Personnel</b>			
	<b>Name &amp; Surname</b>	<b>Title</b>	<b>Telephone</b>
(a)			
(b)			
(c)			
(d)			
<b>2.2. INTENDED FUNCTIONS TO BE PERFORMED</b>			

2.3.	Additional information that provides a better understanding of the proposed functions or business (Attach additional sheets, if necessary)

2.4	Proposed Training

2.5 | The statement and information contained on this form denotes intent to apply for a CAA certificate.

<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>

2.6 | To be completed by the SACAA Manufacturing Inspectors Only

<b>Received by</b>		
<b>SIGNATURE OF INSPECTOR</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>

**Remarks:**
