SOUTH AFRICAN								
	Section/division: Telephone number:	AVSEC 011-545-1000	Fax Number:	Form Number: CA 108-01 011-545-1458				
CIVIL AVIATION AUTHORITY	Physical address:	Ikhaya Lokundiza, 16 Tre	Close, Waterfall Park, Bekker Street, Midrand, Gauteng					
	Postal address: Private Bag X73, Halfway		House 1685	Website: <u>www.caa.co.za</u>				
DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE								
Bank: Standard Bank of SA Ltd Branch: I		nch: Brooklyn, Pretoria Branch Code: 011245		Account Number: 013007971				
	COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)							
Service/transaction	Ov	er the counter payments	EFT, li	nternet, Wire, Electronic payments				
Fees: See CAR Part 187.00.10								

APPLICATION FOR ACCREDITATION AS KNOWN CONSIGNOR

Mark	the appropriate	block:						
	Application for accreditation as a known consignor							
	Application for the amendment of accreditation							
	Application for the	e renewal of accre	ditation					
Notes								
	provisions of C An application f Section 1 of this Other sections The original app Where the req	AR 108.05.5 for the renewal of s form must be co must be complete plication must be s uired information	as a known consign accreditation must of mpleted in all cases d if applicable to the submitted to the Dire cannot be furnishe ndum and attached	comply with the prov specific application ector of Civil Aviation d in the space pro	isions of CAR ´ ı. n.	108.05.8		
Pleas	e delete items, if r	not applicable.	E APPLICANT / KN		र			
1.1	Full name:							
1.2	Trade name:							
1.3	Full business / re address:	esidential						
1.4	Postal address:							
					Postal code			
1.5	Telephone numb	per:						
1.6	Fax Number:							
1.7	Cellular phone n	umber						
1.8	E-mail address							

1.9	Legal status of applicant / holder (individual/close corporation/company/ trust/other - specify):							
1.10	Registration number in the case of a close corporation / company/ trust:							
1.11	Full particulars in respect of the individual/ each responsible director/ shareholder/ partner/ member :							
	NAME	POS	ITION	IDENTITY NUMBER	NAT	FIONALITY	COUNTRY OF PERMANENT RESIDENCE	
1.12	1.12 The applicant/holder declares hereby that the particulars provided in this application are true in every respect							
SIGNATURE OF APPLICANT or AUTHORISED REPRESENTATIVE		RISED	NAME IN BLOCK LETTERS		6	DATE		