



Section/division: **AVSEC**

Telephone number: **011-545-1000**

Physical address:

Postal address: **Private Bag X73, Halfway House 1685**

Fax Number:

Form Number: CA 108-01

011-545-1458

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

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	
Fees: See CAR Part 187.00.10		EFT, Internet, Wire, Electronic payments	

APPLICATION FOR ACCREDITATION AS KNOWN CONSIGNOR

Mark the appropriate block:

<input type="checkbox"/>	Application for accreditation as a known consignor
<input type="checkbox"/>	Application for the amendment of accreditation
<input type="checkbox"/>	Application for the renewal of accreditation

Notes:

1. An application for accreditation as a known consignor, or an amendment thereof, must comply with the provisions of CAR 108.05.5
2. An application for the renewal of accreditation must comply with the provisions of CAR 108.05.8
3. Section 1 of this form must be completed in all cases.
4. Other sections must be completed if applicable to the specific application.
5. The original application must be submitted to the Director of Civil Aviation.
6. Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.

Please delete items, if not applicable.

1.	PARTICULARS REGARDING THE APPLICANT / KNOWN CONSIGNOR		
1.1	Full name:		
1.2	Trade name:		
1.3	Full business / residential address:		
1.4	Postal address:		
		Postal code	
1.5	Telephone number:		
1.6	Fax Number:		
1.7	Cellular phone number		
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	POSITION	IDENTITY NUMBER	NATIONALITY
				COUNTRY OF PERMANENT RESIDENCE
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	NAME IN BLOCK LETTERS	DATE	