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|  | Department: | Dangerous Goods and Air Cargo Security | | Form Number: CA 108-21 |
| | Telephone number: | 0860 267 435 | | Email address: AirCargoSecurity@caa.co.za |
| | Physical address | 12 Byls Bridge Boulevard, Building No 2, Byls Bridge Office Park Centurion | | |
| | Postal address: | Private Bag X73, Halfway House 1685 | Website: www.caa.co.za | |
| | Air Cargo Security Pre-Audit Questionnaire | | | |

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| <p>POPIA CONSENT AGREEMENT:</p> <p>In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 ("POPIA"), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject's right to privacy.</p> <p>By completing this form in accordance with the Civil Aviation Act No. 13 2009, you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements. This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.</p> <p>Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.</p> <p>The South African Civil Aviation Authority ("SACAA") recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: https://www.caa.co.za/paia-and-privacy/)).</p> |
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| Name of the Entity | | |
| RA/KC Number | | |
| Physical Address | | |
| Name and Title of Person Responsible | | |
| Area / address of Inspection | | |
| Telephone Number(s) | | |
| Cellular phone number | | |
| Type of operation | | |
| Business Sector | | |
| E-Mail address | | |

Background Information:

1. Does the Facility Handle any 'Known Cargo' From Known Consignors/Regulated Agents? If yes, please list these. (RA's only)

2. Does the Known consignor transport their cargo to the airport (Yes or No) or is it collected by a Regulated Agent? if collected by a Regulated Agent please list the name of the Regulated Agent/s:

3. What make and model of X-ray is used for Screening? (RA's only)

4. What make and model ETD is used? (RA's only)

5. How many separate EDD (K9) Teams operate at this facility? (RA's only)

6. Which ASTO trains staff handling cargo to be transported by air?

7. What would lead your organization to conduct a risk/vulnerability/security assessment?

8. How many risk/vulnerability/security assessments were conducted in the last 12 months?

9. What is the current headcount of your branch?

10. How many staff members have left your branch in the last 12 months?

11. How many staff members were recruited into your branch over the last 12 months?

12. List the Top Ten Frequent Shippers over the last 12 months (RA's only):

13. List the Top Ten commodities processed through this Facility:

14. What type of goods are produced/manufactured by the Known Consignor at the facility?

15. What is the average monthly tonnage over the last 12 months:

16. Does your branch handle VAL/VUN cargo?

**17. What have been the Security Incidents at this facility over the last 12 months?
Was it reported to the authority and when?**

18. Top Ten Origin Stations of Import Cargo:

19. Has there been any operational changes in the last 12 months? If not, does the organization envisage any changes over the next 12 months.

20. Please list your branch’s emerging and recurring Risks: Mandatory

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| Signature of Person Responsible | Name of Person Responsible | Date |
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| Signature of Inspector | Name of Inspector | Date |
| | | |
| Signature of Manager Air Cargo Security | Name of Manager Air Cargo Security | Date |