

	<b>Department:</b> Flight Operations		Form Number: CA 183-520	
	<b>Telephone number:</b> 0860 267 435	<b>Email address:</b> N/A		
	<b>Physical address:</b> 12 Byls Bridge Boulevard, Building No 2, Byls Bridge Office Park Centurion			
	<b>Postal address:</b> Private Bag X73, Halfway House 1685		<b>Website:</b> <a href="http://www.caa.co.za">www.caa.co.za</a>	
<b>DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE</b>				
<b>Bank:</b> Standard Bank of SA Ltd		<b>Branch:</b> Brooklyn, Pretoria	<b>Branch Code:</b> 011245	<b>Account Number:</b> 013007971
<b>APPLICATION FOR A FATIGUE RISK MANAGEMENT APPROVAL</b>				

**POPIA CONSENT AGREEMENT:**

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.

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.

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.

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/>)).

<b>1. PARTICULARS REGARDING THE APPLICANT/HOLDERS</b>					
1.1.	Full name of organization/s				
1.2.	Full business/residential address of the applicant		1.3.	Postal address	
		Postal code		Postal code	
1.4.	Cellular phone number		1.5.	Fax number	
1.6.	Telephone number		1.7.	E-mail address	
1.8.	CAR Part		Licence Numbers		
1.9.	Regulation Deviation Reference				
1.10.	Scheduled operations		Unscheduled operations		
1.11.	Aircraft Category	A1	A2	A3	A4
1.12.	Aircraft Type				
2.	<b>THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS APPLICATION</b>				(tick)
2.1	Motivation				
2.2	CA 140-03 (effective implementation score >85%)				
2.3	GAP analysis				
3.	<b>PAYMENT:</b> PLEASE NOTE: the operator will be charged per hour, in compliance with CAR Part 187.				
4.	<b>DECLARATION:</b>				
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<i>I the undersigned</i>		<i>hereby declare that</i>
<i>I have familiarized myself with the application process and Fatigue Risk Management principles and that the particulars provided in the application are true in every respect.</i>		
<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCKLETTERS</b>	<b>DATE</b>