



Section/division:
Telephone number:
Physical address:
Postal address:

Company Secretary
011-545-1000

Fax Number:

011-545-1465

Form Number: CA 183-113

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

Private Bag X73, Halfway House 1685

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		EFT, Internet, Wire, Electronic payments
Fees: charged i.t.o. Information Regulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR ACCESS TO RECORDS OF PUBLIC BODY

***NB: Please complete all sections of this form!!!**

(Section 18(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 7]

FOR DEPARTMENTAL USE				
Reference number:				
Request received by	<i>(full names, position and particulars of the information officer/deputy information officer)</i>			
Request received on		<i>(date)</i>	at	<i>(place)</i>
Request fee (if any):	R			
Deposit (if any):	R			
Access fee:	R			

SIGNATURE OF INFORMATION OFFICER / DEPUTY INFORMATION OFFICER	NAME IN BLOCK LETTERS	DATE

A. PARTICULARS OF PUBLIC BODY	
The Information Officer / Deputy Information Officer:	
SOUTH AFRICAN CIVIL AVIATION AUTHORITY (CAA)	
Physical address	Ikhaya Lokundiza, Treur Close, Waterfall Park, Midrand
Postal address	Private Bag X73, Halfway House, 1685
Telephone number	011-545-1000
Fax number	011-545-1465

B. PARTICULARS OF PERSON REQUESTING ACCESS TO THE RECORD			
(a) The particulars of the person who requests access to the record must be given below.			
(b) The address and/or fax number in the Republic to which the information is to be sent, must be given.			
(c) Proof of the capacity in which the request is made, if applicable, must be attached.			
Full names and surname			
Identity number			
Postal address			Postal code
Fax number			
Telephone number			E-mail address
CAPACITY in which request is made, when made on behalf of another person and reason therefore:			
C. PARTICULARS OF PERSON ON WHOSE BEHALF REQUEST IS MADE			
This section must be completed ONLY if a request for information is made on behalf of another person.			
Full names and surname			
Identity number			
D. PARTICULARS OF RECORD			
(a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.			
(b) If the provided space is inadequate, please continue on a separate folio and attach it to this form.			
(c) The requester must sign all the additional folios.			
1.	Description of record or relevant part of the record:		
2.	Reference number, if available		
3.	Any further particulars of record		

E. FEES			
(a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.			
(b) You will be notified of the amount required to be paid as the request fee.			
(c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.			
(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.			
Reason for exemption from payment of fees:			

F. FORM OF ACCESS TO RECORD					
If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.					
Disability:			Form in which record is required		
<i>Mark the appropriate box with an X.</i>					
NOTES:					
1. Compliance with your request for access in the specified form may depend on the form in which the record is available.					
2. Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.					
3. The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.					
4. Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available (see paragraph 6 below).					
5. By completing this form, you consent to the SACAA processing your personal information for the purposes of considering your application.					
1. If the record is in written or printed form:					
Copy of record*				Inspection of record	
2. If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)					
view the images		copy of the images *		transcription of the images*	
3. If record consists of recorded words or information which can be reproduced in sound:					
listen to the soundtrack (audio cassette)			transcription of soundtrack* (written or printed document)		
4. If record is held on computer or in an electronic or machine-readable form:					
printed copy of record*		printed copy of information derived from the record*		copy in computer readable form*(stiffy or compact disc)	
5. If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.				YES	NO
6. In which language would you prefer the record?					
G. NOTICE OF DECISION REGARDING REQUEST FOR ACCESS					
You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.					
How would you prefer to be informed of the decision regarding your request for access to the record?					
SIGNATURE OF REQUESTER/ PERSON ON WHOSE BEHALF REQUEST IS MADE		NAME IN BLOCK LETTERS		DATE	
Place of signature					

**FEES IN RESPECT OF PUBLIC BODIES
(PROMOTION OF ACCESS TO INFORMATION ACT, 2000 (ACT NO. 2 OF 2000))**

Description	Amount
1. The request fee payable by every requester	R100.00
2. For every photocopy of an A4-size page or part thereof	R1.50
3. For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	R1.50
4. For a copy in a computer-readable form on: (i) Flash drive (to be provided by requestor) (ii) Compact disc <ul style="list-style-type: none"> • If provided by requestor • If provided to the requestor 	R40.00 R40.00 R60.00
5. For a transcription of visual images, for an A4-size page or part thereof	Service to be outsourced. Will depend on quotation from Service provider.
6. For a copy of visual images	
7. For a transcription of an audio record, for an A4-size page	R24.00
8. For a copy of an audio record on: (i) Flash drive (to be provided by the requestor) (ii) Compact disc <ul style="list-style-type: none"> • If provided by requestor • If provided to the requestor 	R40.00 R40.00 R60.00
9. To search for and prepare the record for disclosure, for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation. To not exceed a total cost of	R100.00 R300.00
10. Deposit: if search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11. Postage, email or any other electronic transfer	Actual expense, if any.