



Section/division: Personnel Licensing

Telephone number: 0860 267 435

Fax number: 011 545 1520

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

Postal address: Private Bag X73, Halfway House 1685 Email: ClientCare@caa.co.za

Website: www.caa.co.za

Form Number: CA183-501

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: See CAR Part 187.00.23											

### UPDATE OF PERSONAL PARTICULARS

**Notes:**

1. See the relevant checklist on the SACAA website (www.caa.co.za) for the applicable requirements for each license or rating.
2. This form may be used to apply simultaneously for more than one license or rating.
3. Insert a tick (✓) in the applicable box(es) \*.
4. This form must be submitted within 30 days of the completion of the skills test or required training as applicable.
5. Information to be typed.
6. This form must be submitted with relevant required documents for each license as per regulation

### DETAILS OF APPLICANT

Surname																											
Full names																											
Licence Number																											
ID/passport number						Nationality																					
Date of birth						Age																					
Permanent Resident in SA						YES				NO																	
TYPE OF LICENCE APPLYING FOR																											
Tick the appropriate boxes below:																											
PPL				CPL				ATPL				CABIN CREW				FE				FB				RPC			
Population group* (for statistical purposes only)										Gender*																	
African				White				Coloured				Asian				Other				Male				Female			
Postal address						Province																					
												Postal code															
Residential address						Province																					
												Postal code															
Telephone number						Fax number																					
E-mail						Cell phone number																					
SIGNATURE OF APPLICANT						NAME IN BLOCK LETTERS						DATE															