



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

Personnel Licensing,  
0860 267 435  
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng  
Private Bag X73, Halfway House 1685

Fax Number: 011-545-1459  
Website: [www.caa.co.za](http://www.caa.co.za)  
Email: [ClientCare@caa.co.za](mailto:ClientCare@caa.co.za)

Form Number: 183- 536

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE		
Bank: Standard Bank of SA Ltd	Branch: Brooklyn, Pretoria	Account Number: 013007971
Branch Code: 011245		
COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)		
Service/transaction	Over the counter payments	EFT, Internet, Wire, Electronic payments
Appointment as DE		

## APPLICATION FOR RATINGS TRANSFER PART 62/PART 68

**This application must be accompanied by the following documents if applicable:**

1. Medical certificate issued in terms of Part 67.
2. Proof that the applicant has passed the theoretical knowledge examination.
3. Logbook Copies
4. The appropriate fee as prescribed in Part 187.

<b>PART 62</b>		<b>PART 68</b>
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A. APPLICANT			
Surname of Applicant			
First names			
Residential Address			Postal code
Postal Address			Postal code
Cellular phone number	Date of birth		
Work phone number	Nationality		
Home phone number	ID / Passport number		
Fax number	Licence number		
Email address			

B. RATINGS TO BE TRANSFERRED:		
<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>