

	Section/Department::	Personnel Licensing, Examinations	Form Number: CA 61-01.10	
	Telephone number:	0860 267 435	Email address:	exams@caa.co.za
			Email address:	written@caa.co.za
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	Postal address:	Private Bag X73, Halfway House 1685	Website: www.caa.co.za	
TRANSFER OF PARTICIPANT TO ANOTHER TEST CENTRE				

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/>).

Details of Applicant			
Surname		First names	
Licence Number		Email	
Telephone number		Cell phone number	

Details of the test centres			
Name of present test centre		CAA accreditation number	
Name of test centre manager		Phone number	

Name of new test centre	
Reason/s for transfer	

SIGNATURE OF PRESENT TEST CENTRE MANAGER	NAME IN BLOCK LETTERS	DATE

SIGNATURE OF PARTICIPANT	NAME IN BLOCK LETTERS	DATE