



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

Personnel Licensing, Safety Standards and Assurance  
0860 267 435  
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng  
Private Bag X73, Halfway House 1685 Website: www.caa.co.za

Fax Number: 011-545-1459

Email: ClientCare@caa.co.za

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

**NOTIFICATION FOR RNP APCH ENDORSEMENTS**

<b>RNP APCH</b>		<b>A-RNP APCH</b>		<b>RNP-AR APCH</b>	
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<b>CANDIDATE</b>			
Initials & Surname		Licence number	
Cell phone number		Email address	
I hereby certify that this form has not been altered or tampered with in any way whatsoever and all information on it is correct.			
<b>SIGNATURE OF PILOT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	

<b>TRAINING</b>		<b>Date of training completion</b>		
Name of ATO		ATO number		
Duration of training	Ground time	FSTD time	Flight time	

<b>FLIGHT INSTRUCTOR</b>			
Telephone number		Licence number	
I hereby confirm that the training was conducted as specified in document SACATS 61.11.			
<b>SIGNATURE OF INSTRUCTOR</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	

<b>CHECK DETAILS</b>			<b>Date of check</b>		
Aircraft variant				Reg.	
FSTD	ACFT replicated	FNPT II	Level (A-D)	Reg.	
Duration	Briefing time	Flight time	FSTD time	De-brief time	Outcome
					<b>C</b> <b>NC</b>

<b>EXAMINER</b>			
Telephone number		Licence number	
I hereby confirm that I assessed the candidate as competent to conduct the above specified approach.			
<b>SIGNATURE OF EXAMINER</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>	