SOUTH AFRICAN CIVIL AVIATION AUTHORITY

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** *Website:* **www.caa.co.za**

Form Number: CA 65-02

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 187.01.14			

APPLICATION FOR MEDICAL UPDATE OF ATC LICENSE

NOTES:

1. No documents will be accepted if not fully completed.

License number	**ATS**		**ATSU**		**UNIT CHANGE**	**YES**	**NO**

Medical valid until	/ /				
Aviation medical certificate attached		Restrictions		Temporarily unfit	
Restrictions / Temporarily unfit explanation					
Surname					
Full names					
ID / Passport number					
Nationality					
Date of birth					
E-mail address					

Population Group* (for statistical purposes only)										**Gender***			
African		White		Colored		Asian		Other		Male		Female	

Postal Address			
Postal Code		Province	
Telephone number			
Cell phone number			

SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**