SOUTH AFRICAN CIVIL AVIATION AUTHORITY

Section/division: **PANS-OPS Section, Air Navigation Services Dept**
Telephone number: **011-545-1000** *Fax Number:* **011-545-1282**
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 173-01

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***
FPD Org APPROVAL / Fees: See CAR Part 173.01.10			

APPLICATION FOR ISSUE, AMENDMENT or RENEWAL of FLIGHT PROCEDURE DESIGN ORGANISATION APPROVAL

PART 1: TO BE COMPLETED IN FULL

Full name:			
Trade name:			
Legal status of applicant/holder (individual/close corporation/company/trust/other – specify):			
Registration number in the case of a close corporation/company/trust:			
Business address:			
Postal address:			
		Postal code	
Telephone number:		Telefax number:	
Cellular number:		E-mail address:	
Approval number:		Expiry date:	

Full particulars in respect of the individual/each responsible director/shareholder/partner/member/office bearer:

Name	Position	Identity number	Nationality	Country of permanent residence

Type of flight procedure design organisation approval applied for: **(Indicate with an X)**

Category A		Category B		Issuing of an FPD approval	
Renewal of an FPD approval		Amendment of an FPD approval			

Note: Operations Manual to be attached

Name of Flight Procedure Design Organisation:	
Particulars of issue / amendment / renewals applied for:	

The applicant/holder declares hereby that the particulars provided in this application are true in every respect:

SIGNATURE OF APPLICANT	**NAME IN BLOCK LETTERS**	**DATE**
FOR OFFICIAL CAA USE ONLY:	Receipt number:	
SIGNATURE OF AUTHORISED OFFICER	**NAME IN BLOCK LETTERS**	**DATE**