



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

**EXAMINATIONS**

011-545-1000

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Form Number: CA 61-93

Fax Number: 011-545-1467

Website: [www.caa.co.za](http://www.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	Over the counter payments		EFT, Internet, Wire, Electronic payments
FLIGHT INSTRUCTOR			
<b>ENTRY FOR FLIGHT INSTRUCTOR RATING EXAMINATION</b>			

**Notes:**

- Please note that it is compulsory to be in possession of a pilot licence issued in terms of the Civil Aviation Regulations 2011 (CARs) and Identification document or Passport to enter for and attempt these examinations.
- For details, see AIC 31.1.3.

Licence Number		Expiry Date	
Surname and Initials			
Residential address			
		Postal code	
Postal address			
		Postal code	
ID number/Passport		Telephone number (h)	
Telephone number (w)		Cellular phone number	
Fax number		E-mail address	
Date of examination:		Centre:	
<b>SUBJECTS</b>		<b>Aeroplane</b>	<b>Helicopter</b>
1	Applied Meteorology and Navigation		
2	Principles of Flying Instruction, Legislation and Airmanship		
I certify herewith that I meet the requirements for entering the above indicated examinations.			
<b>SIGNATURE OF APPLICANT</b>		<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>
<b>FOR OFFICIAL USE ONLY</b>		<b>Details checked by:</b>	
<b>SIGNATURE OF EXAMINATIONS OFFICER</b>		<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>
		R	
		Receipt number	
<b>REMARKS:</b>			