



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

Aeronautical Information Service
011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685

Fax Number: 011-545-1282

Form Number: CA 175-10

Website: www.caa.co.za

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
AIMU APPROVAL / Fees:
See CAR Part 187.01.41

Over the counter payments

EFT, Internet, Wire, Electronic payments

APPLICATION FOR ISSUE, AMENDMENT OR RENEWAL OF AIMU 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 aeronautical information service applied for: **(Indicate with an X)**

AIMU	<input type="checkbox"/>	INO	<input type="checkbox"/>	Issuing of an AIMU approval	<input type="checkbox"/>
AIMU	<input type="checkbox"/>	Head Office	<input type="checkbox"/>	Amendment to AIMU approval	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	Renewal of an AIMU approval	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Note: Manual of Procedure to be attached

Name of AIMU:

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 AUTHORIZED OFFICER	NAME IN BLOCK LETTERS	DATE