

CA 183-504

Department: Telephone number: Physical address Postal address:

Customer Relationship Management 0860 267 435

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng Private Bag X73, Halfway House 1685

Form Number: CA 183-540 Email address:

ClientCare@caa.co.za

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Website: www.caa.co.za

SACAA CLIENT CONSENT FORM

CONSENT AGREEMENT									
The Protection of Personal Information Act 4 of 2013 ("POPI Act") requires that personal information pertaining to individuals be processed lawfully and in a reasonable manner that does not infringe on their right to privacy. Your privacy is important to the South African Civil Aviation Authority ("SACAA"), and we are committed to safeguarding and processing your information lawfully.									
To ensure compliance to the POPI Act please complete the below to grant consent to a third party, i.e., ATO/AOC holder, courier services, consultant, family member, employee/employer, etc.									
By completing and signing this form, I hereby give consent to:									
(insert full names here).									
a third party to provide the following services (tick appropriate boxes below)									
		•		Collect m on my be	t my license/document/ approval behalf.				
0			LICENCE HOLDER / A	PPLICAN	1				
Surname:					Initials				
ID/passport No:						Copy of ID or passport to be attached to this form			
Details of Application i.e., Licence Renewal / ATF renewal etc					Licence /	Registration	n / Approval Number		
I declare that the information provided in the Consent Form is accurate to the best of my knowledge and that I accept the conditions and undertakings requested this process.									
SACAA shall secure the integrity and confidentiality of your Personal Information by taking appropriate, reasonable technical and organisational measures to prevent any loss, damage or unauthorised destruction of Personal Information including unlawful access or processing of your Personal Information as provided for in the POPI Act.									
I, the undersigned applicant, hereby indemnify the SACAA, from any liability which may arise because of the information, documents, approvals being released to a third party or proxy.									
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS		DATE					
APPLICANTS REPRESENTATIVE / PROXY									
Surname:						Initials			
Company Name (if appl	icable)						•		
Copy of ID or Passport is to be attached to this form.									
In the case of a courier company acting as a collection agent, the company name is to be completed and the driver must produce an ID document on collection.									

21 December 2023