

	Department:	Customer Relationship Management	Form Number: CA 183-540	
	Telephone number:	0860 267 435	Email address:	ClientCare@caa.co.za
	Physical address	12 Byls Bridge Boulevard, Building No 2, Byls Bridge Office Park Centurion		
	Postal address:	Private Bag X73, Halfway House 1685	Website: www.caa.co.za	
	SACAA CLIENT CONSENT FORM			

POPIA CONSENT AGREEMENT:

In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 (“POPIA”), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject’s right to privacy.

By completing this form in accordance with the Civil Aviation Act No. 13 of 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements. This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.

Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.

The South African Civil Aviation Authority (“SACAA”) recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: <https://www.caa.co.za/paia-and-privacy/>).

LICENCE HOLDER / APPLICANT DETAILS			
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 / 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:	CLOETE PRETORIUS	Initials	C M
Company Name (if applicable)			
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.