

**PAYMENT METHOD FORM**

Please complete the form in BLOCK CAPITALS using black or dark blue ink.

1. APPLICANT DETAILS																				
SCAA Aviation reference number (if known) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Title (Mr/Mrs/Ms/Cpt etc.) ..... Applicant's Full Name: .....																				
Date of Birth (dd/mm/yyyy): .....																				
Application for: .....																				
Application Form Number (i.e SSR FCL xxxx) .....																				
Application Submission Type: <input type="checkbox"/> Hand Delivered / <input type="checkbox"/> Email / <input type="checkbox"/> Centrik Applications Module																				
2. PAYMENT INFORMATION																				
<p>The fees for licences, associated ratings and assessments are contained in the latest Scheme of Charges. This is available on our web site - <a href="http://www.scaa.sc">www.scaa.sc</a> - under "E-Library".</p> <ul style="list-style-type: none"> <li><b>SELF</b> - If you are paying the fees to this application yourself, please fill in Section 3 of this form and pass by the SCAA Accounts Office for payment and bring the receipt to the Safety and Security Regulation as proof of payment.</li> <li><b>OPERATOR</b> - If the operator will be paying on the applicant's behalf, then a nominated person from said operator will be required to fill in Section 4 of this form. The SCAA will invoice the operator accordingly.</li> </ul>																				
3. SELF DECLARATION (INDIVIDUALS SHOULD COMPLETE THIS SECTION IF THEY ARE PAYING FOR THE APPLICATION THEMSELVES)																				
I .....declare that the fees for the above application will be paid by myself.																				
Signature ..... Date .....																				
4. OPERATOR'S DECLARATION (OPERATOR SHOULD COMPLETE THIS SECTION IF THEY ARE PAYING ON BEHALF OF AN INDIVIDUAL)																				
I .....declare that the fees for the above application will be paid by .....																				
Signature ..... Date .....																				
5. SUBMISSION INSTRUCTIONS																				
<p>Send this completed payment form to:</p> <p>Seychelles Civil Aviation Authority Safety and Security Regulation Department Mahe Seychelles</p> <p>OR</p> <p>Email this payment form to <a href="mailto:PEL@scaa.sc">PEL@scaa.sc</a></p> <p>OR</p> <p>Attach this form to the appropriate application type on the <b>Centrik Applications Module</b>. Please contact the <b>SCAA</b> or your <b>Seychelles Operating Company</b> for guidance on submitting your application through Centrik.</p>																				