## PAYMENT ADVICE SECTION 27A PERMISSION

	ARN Office use only Permission Number	
	Office use only	
	Operator Name	
FEES		
Section 27A Permission	on	\$AUD 390.00
remittance advice with	• • •	e include a copy of this
PAYMENT ADVICE		
For Payment by Credit	Card: Master Card	Visa □
Card Number		Expiry Date /
Card Holder Name		Total \$
Signature:		<b>Date:</b> / /
For Payment using Ele	ectronic Funds Transfer:	
Account Name:	Civil Aviation Safety Authority	
ABN:	44 808 014 470	
Account Number:	1007 7106	
BSB Number:	062 900	
Bank:	Commonwealth Bank of Australia	
Branch:	Cnr London Circuit & Ainslie Avenue,	
Canberra, ACT Australia 2601		
Swift Code:	CTBAAU2S	
Please forward your pa	ayment to the Operations Officer Internation	onal:
Facsimile No.	+61 7 3144 7599	
Email:	International Ops@casa.gov.au	

**PLEASE NOTE:** 

Future applications will not be considered unless payment is received

for current assessment.