Date:

Name:

Client ID:

Address:

Dear

**Extension of period of Conditions, Restrictions and Endorsements on Medical Certificate** **in terms of Section 27I(6) of the Civil Aviation Act 1990.**

On (copy attached), I placed Conditions, Restrictions and Endorsements on your medical certificate. I hereby extend the Conditions, Restrictions and Endorsements for ten working days.

Yours sincerely



Director of Civil Aviation/Delegate

ME Name:       ME ID: