

**APPLICATION FOR THE ISSUE OF A FIDELITY FUND CERTIFICATE BY
PRINCIPAL AND FULL STATUS ESTATE AGENTS**

This application form must be completed and submitted to the Board:

- Λ By all "full status" estate agents and persons employed by attorneys; and
- Λ By all directors of a company, members of a close corporation, partners of a partnership, Sole proprietors; and
- Λ Under cover of a letter by his / her principal confirming his / her employment as indicated herein.



**ESTATE AGENCY AFFAIRS BOARD
OF SOUTH AFRICA**

Mr.Mrs.Miss.etc											All questions listed hereunder must be answered. If your answer to any of the questions 1,2,3,and 4 is "yes" or if you are affected by any of the notes herein referred to it is suggested that you contact the Board for further information.	COMPLETE APPLICABLE BLOCK BY ANSWERING YES or NO	
Surname													
First Name(s)													
Date of Birth		/		/									
Identity No.													
Citizenship													
Name and Number of street (or place) where resident													
Suburb													
City/Town													
Postal Code													
Telephone Number													
P.O. Box Number											Post Code		
Postal Office													
State Whether you are a Director, Member of a Close Corporation, Partner, Sole Proprietor, a Non-principal Estate Agent or employed by an attorney. (Cross applicable block)	DIRECTOR			PARTNER			EMPLOYED BY ATTORNEY						
	MEMBER-CLOSE CORPORATION			SOLE PROPRIETOR			NON-PRINCIPAL ESTATE AGENT						
State Name of Company, Close Corporation, Partnership or Sole Proprietorship with which you are associated or employed by as an estate agent											If you are an estate agent employed by an attorney or professional company as contemplated in paragraph (cA) of the definition of "estate agent" in Section 1 of the Act, all references in this form to a Fidelity Fund Certificate" should be regarded as a reference to "a registration certificate". An applicant for a Fidelity Fund Certificate is disqualified from holding a Fidelity Fund Certificate if he was a director or a member of a close corporation when he conducted business as an estate agent; <i>At the time when or within a period of six months before the date on which such company's/close corporation's Fidelity fund certificate was withdrawn by the Board;and/or</i> <i>At the time when or within a period of six months before such company/close corporation was prohibited in terms of Section 32(6) of the Act from operating in any way on its trust, savings or other interest-bearing accounts.</i> <i>An applicant for a Fidelity Fund Certificate is prohibited from holding a Fidelity Fund Certificate if he as an estate agent has failed in respect of his financial year which has Expired before the date on which application for a Fidelity Fund Certificate is made, to comply with any provision of Section 29(b) or Section 32(2) (b) of the Act.</i>		
State Trade Name of Company, Close Corporation, Partnership or Sole Proprietorship with which you are associated or employed by as an estate agent.													
Name and Number of Street (or place) where Company's, Close Corporation's, Partnership's Sole Proprietorship's or Attorney's main place of business is situated													
Suburb													
City / Town													
Postal Code													
Telephone Number													
P.O. Box Number												Post Code	
Postal Office													
State date from which you intend to act as estate agent												19	
Have you previously been issued with a Fidelity Fund Certificate? (cross applicable block)	YES					NO							
If "yes" state under what name and surname and year of certificate.													
IMPORTANT PLEASE NOTE													
Payment of the prescribed fee must accompany this application.													
Any certificate issued on the strength of incorrect information furnished herein is invalid, and will deprive applicant of his/her right to earn commission.													
This application form must be accompanied by a photostat of the page of the applicant's identity document whereon his/her full name, identity number and photo is reflected.													
DATE _____													
SIGNATURE _____													

Dunkeld Crescent, North East Building, Cnr Albury Rd & Jan Smuts Ave., Hyde Park
Private Bag X10, Benmore 2010. Tel (011) 731-5600 Fax (011) 880-9831 E-mail: eab@eaab.org.za

NOTE: PLEASE DO NOT FAX APPLICATION FORMS