



APPLICATION FOR EXTENSION UNDER THE EDUCATION COMPLIANCE NOTICE RELATED TO THE PROVISIONS OF THE PROPERTY PRACTITIONERS ACT, 2019 AND REGULATIONS

AFFIDAVIT

I, the applicant, hereby state under oath as follows:

The information contained herein is true and correct to the best of my knowledge:

DETAILS OF THE APPLICANT:

Full name of the applicant.....

SA ID / Passport number of the applicant
.....

Country of issue of passport.....

Applicant's address:
.....
.....

Name and address of applicant's employer/firm:
.....
.....

Applicant's e mail address:
.....

The applicant's PPRA reference number.....



I, the applicant confirm as follows:

I am currently in possession of a valid FFC for the years:

Or

My last FFC was issued for the year:

I do not have a current FFC because:

.....

NOTE REGARDING TO THE NEXT SECTION:

- 1. Please separately attach comprehensive reasons as to why the extension should be granted and attach all relevant supporting documentation.**
- 2. Please complete the declaration relating to your status and disqualification letter.**

APPLICABLE TO AFFECTED PRINCIPAL PROPERTY PRACTITIONERS:

Declaration by the affected Principal property practitioner:

I understand that I am required to have successfully completed the following:

X	The required PDE Level 5
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within the 6 months extension period to address the disqualification gap/s.

AND

I attach the following evidence to support my application for the grant of the extension:

X	Proof of registration and proof of payment to write the required PDE Level 5
Other proof if any (Please specify)	



I also declare as follows:

X	I understand that this application is considered on the basis that any compliance owed to the Authority remains due to the Authority and if I fail to comply with any undertaking herein, I will be disqualified from obtaining a further FFC on the expiry of my existing FFC, and any FFC issued to me may be withdrawn in terms of s52(1)(b)(ii) Act 22/2019, read with S52(6) and Regulation 41.28. on the expiry of this extension.
X	I understand that this extension does not constitute a waiver of any conduct or debt owing to the PPRA in terms of any duty I may have to the Authority.

Signed at _____ on this _____ day of _____ 2023.

 Applicant
 Full names:
 Applicant's ID/Passport/Permit number:
 Applicant's PPRA Reference number:
 Applicant's signature:

COMMISSIONER:

Thus done and signed at SANDTON on this the day of **2023**, the deponent having acknowledged that he/she knows and understands the contents of this affidavit, that he/she has no objection to taking the prescribed oath and that he/she regards the oath as being binding on his/her conscience.

Commissioner of oaths
 FULL NAMES:
 ADDRESS:
 CAPACITY: