REMARKS

- ☐ All questions must be answered and the required information furnished.
- ☐ If the space provided herein is insufficient, please attach a schedule containing the relevant information.
- ☐ This application form must under all circumstances be lodged together with an application form duly completed by every Director, Member of Close Corporation, Partner or Sole Proprietor referred herein, Directors, Members of Close Corporations, Partners or Sole Proprietors already registered with the Board in the abovementioned capacities need not complete a further application form and will not be liable for the payment of any further fees.
- ☐ A non-principal estate agent who has changed his capacity to a principal estate agent must complete a new application form and pay the difference in fees.

State: whether this application is in respect of a Company, Close Corporation, Partnership or Sole Proprietorship. **(Cross applicable block)**

COMPANY ☐ **PARTNERSHIP** ☐

CLOSE CORPORATION ☐ **SOLE PROPRIETORSHIP** ☐

State: Registered name of Company or Close Corporation or name of Partnership or full names of Sole Proprietors

State: Trade name of Company, Close Corporation, Partnership or Sole Proprietors

☐ Registered No. of Company/Close Corporation

☐ Financial year end of business (see section 29(b) of the Act) **day** / **month**

☐ Date on which Estate Agency business will be commenced / /

State: Whether this application is in respect of an existing estate agency business which you have acquired. (Complete applicable block by answering YES or NO). If the answer is YES please furnish, the full name of such business even if it is the same name as mentioned above.

STATE FULL NAMES OF:

☐ **Directors** (or alternate Directors) of Company, **members** of close Corporation, **partners** of Partnerships. If the partners of a Partnership are companies, please state the names of such companies and thereafter in brackets the full names of all directors of each companies.

NOTE:

No fidelity fund certificate may be issued to:

- 3 a Company
- 3 a Close Corporation
- 3 a Partnership

UNLESS

- ☐ all directors, members or partners of such Company, close corporation or partnership have complied with the provisions of Act112 of 1976 (as amended), and
- ☐ have been issued with fidelity fund Certificates

State: Name & Number of street (or place) at which business is or will be conducted.
NOTE: If your business has branch offices, please state on separate sheet of paper the physical address and trade name of all such branches. All branch offices are required to be in possession of a Fidelity Fund Certificate which will be issued free of charge.

Suburb

City / Town

Postal Code

P.O. Box Number Postal Code

Post Office

Telephone Number (business)

Fax Number

E-mail

STATE ☐ Full name of auditors appointed for Purposes of complying with sections 29 and 32 of the Act

☐ Suburb

☐ City / Town

☐ Postal Code

☐ P.O. Box Number Postal Code

☐ Post Office

☐ Telephone Number

NOTE: This application form **must be accompanied** by a letter from your auditor, who must be registered with the Public Accountants' and Auditors' Board, officially confirming acceptance of appointment. Should you change your auditor at any time the Board must be advised immediately of this fact in writing. Likewise, you must appoint a new auditor immediately and furnish the Board with his written acceptance of appointment.

Name of bank where the main trust account of your business is kept in terms of section 32(1) of the Act

	BANK	ACCOUNT NUMBER	BRANCH	CITY/TOWN
1				
2				

NOTE: This application form **must be accompanied** by a letter from your Bank confirming that the trust account/s referred to herein has/have in fact been opened and that such account/s is/are properly **identified** as required in terms of Act.
For example - "**Trust account in terms of Section 32(1) of Act 112 of 1976".**

SIGNATURE OF AUTHORISED APPLICANT

DATE OF APPLICATION

Estate Agency Affairs Board
63 Wierda Road East
Wierda Valley
Sandton
Johannesburg
Private Bag X10
Benmore 2010
Tel 011 731-5600
Fax 011 880-9831
E-mail <eab@eaab.org.za>

ESTATE AGENCY AFFAIRS BOARD
OF SOUTH AFRICA