



LIVESTOCK AGENCY

NEW AGENCY APPLICATION FORM

Email the completed form to info@apacouncil.co.za or fax it to **011 894 3761**

CHECKLIST	APPLICATION CHECKLIST
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KINDLY COMPLETE THE APAC ONLINE LEARNING FOR LIVESTOCK AGENT MODULE AND THE EXAMINATION BEFORE YOUR APPLICATION WILL BE CONSIDERED

Trade name:

Type of application: New agency application Re-registration application

IMPORTANT:

Ensure that all the documents required in the list below is attached to your application form. Failing to submit any or some of the documents **WILL** result in the application being rejected.

Complete the checklist below to ensure your application is complete:

FOR OFFICE USE ONLY				
ACCEPT	INCOMPLETE	NOT SUBMITTED	NOT CLEAR	SECTION / DIRECTOR #

Have you completed ALL information required by Sections A to G ?	✓	<input type="checkbox"/>				
Have you attached the following documents:						
1. CIPC/ CIPRO Registration certificate?		<input type="checkbox"/>				
2. Auditors letter of acceptance/ appointment?		<input type="checkbox"/>				
3. Notice with regard to a bank account (Annexure A)?		<input type="checkbox"/>				
4. Tax Clearance Certificate (not older than 3 months)?		<input type="checkbox"/>				
5. Conflict of Interest Management Policy?		<input type="checkbox"/>				
6. Have Annexure B been completed for ALL the listed Principals / Directors?		<input type="checkbox"/>				
6.1. Certified, clear copy ID's of each of the Principals / Directors?		<input type="checkbox"/>				
6.2. SmartScreen Indemnity Form for each of the Principals / Directors (Annexure D)?		<input type="checkbox"/>				
6.3. Certificate of highest qualification obtained?		<input type="checkbox"/>				
6.4. Have ALL the Principals/Directors completed and passed the APAC Online Learning ?		<input type="checkbox"/>				
7. Have Annexure C been completed for ALL agents?		<input type="checkbox"/>				
7.1. Certified, clear copy ID's of each of the agents?		<input type="checkbox"/>				
7.2. SmartScreen Indemnity Form for each of the agents (Annexure D)?		<input type="checkbox"/>				
7.3. Certificate of highest qualification obtained?		<input type="checkbox"/>				
8. Proof of payment?		<input type="checkbox"/>				
9. Terms And Conditions (Annexure E)		<input type="checkbox"/>				

SECTION A**PARTICULARS OF APPLICANT (AGENCY)****GENERAL INFORMATION**Trade name:

Date on which the agency will start to operate:

Y	Y	Y	Y	M	M	D	D
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AGENCY CONTACT DETAILS

Physical address:

City

Province

Postal code

--	--	--	--	--

Landline number:

--	--	--	--	--	--	--	--	--	--	--	--

Administration email address:

Website address:

Postal address: (If different from physical address)

City

Province

Postal code

--	--	--	--	--

Fax number:

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ENTITY INFORMATION*Ensure that the information agrees with your CIPC/ CIPRO/ Trust deed documents*

Registered name:

Entity type:

Company

Close Corporation

Partnership

Trust

Sole Owner

Co-operative

Registration date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Financial year end:

Registration number:

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SECTION B**PARTICULARS OF PRINCIPAL / DIRECTORS****IMPORTANT:**Complete the list of Directors/ Members/ Trustees/ Etc. together with **Annexure B**.Annexure A **MUST BE COMPLETED** for **EACH** of the individuals listed.The individuals listed below **MUST** agree with your CIPRO/ CIPC/ Trust deed certificate

#	Title	Initials	Surname	ID number
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C**BANK ACCOUNT INFORMATION**

Bank:

Branch number:

Branch name:

Bank account number:

Bank account name:

Date account was opened:

SECTION D**AUDITOR'S INFORMATION**

Name of audit firm:

IRBA registration number:

Name and surname of auditor:

Landline Number:

Fax Number:

Email address:

SECTION E**BEE**

Has an independent BEE verification been done on the agency?

Yes

No

If yes, what rating was obtained?

Level -

Kindly provide a copy of the certificate

If no, when will the verification be done?

SECTION F**SARS DETAILS**

Tax registration number:

VAT registration number:

SECTION G**ACKNOWLEDGEMENT BY APPLICANT**

I, _____ being an authorised representative of the applicant(agency) hereby declare as follows:

- a) The information contained in this application form and the annexure is true and correct in every aspect;
- b) I hereby consent to APAC conducting the necessary searches (e.g. Companies search, Credit search, etc.) or to take any other reasonable measures in order to verify that the information contained in this application form and the annexures is both true and correct;
- c) I do understand that my occupation requires honesty in handling of cash on behalf of producers.
- d) Accept and agree to Terms and Conditions and comply with all the requirements set out in the Agricultural Produce Agents Act, Act 12 of 1992, together with any other legislation and regulations promulgated thereunder.

Signed at _____ on this _____ day of _____ 20 ____

Signature

NOTICE WITH REGARD TO A BANK ACCOUNT

Name of livestock agency: _____

Address: _____

You are hereby advised that the account being opened with your bank in the name of the abovementioned agency is a cheque account as defined in Rule 35 of the Rules in Respect of Livestock Agents.

Signature of Agent_____
Date

TO BE COMPLETED BY THE BANK

Name of bank: _____

Branch name and code: _____

Address: _____

This serves to confirm that the above communication has been noted and that we will act accordingly.

Particulars of the account that has been opened are as follows:

Type of account: _____

Account number: _____

Signature of bank official_____
Date

Official bank stamp

IMPORTANT: COMPLETE THIS FORM FOR EACH OF THE PRINCIPAL / DIRECTORS

Owner number:

(e.g. 1)

Title: Initials: Gender: Female Male Surname: Full names: ID number: Race: African Coloured Indian White Other

Residential address:

City: Province: Postal code:

Landline number:

Postal address: (If different from residential address)

City: Province: Postal code:

Mobile number:

Email address:

Highest qualification obtained: (Please attached proof)

Declaration of conflict of interest:

Do you, your wife or relatives have interests in other agricultural business?

Yes Y No N

If yes, list the particulars below:

Initials and surname	Relationship	Conflict
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has a civil judgement ever been passed against you?

Yes Y No N

Have you ever been sequestered?

Yes Y No N

Have you ever been rehabilitated?

Yes Y No N

Have you ever been convicted of an offence in terms of the National Credit Act or other credit legislation?

Yes Y No N

Have you ever been convicted of a criminal offence in South Africa or elsewhere?

Yes Y

No N

Previous experience:

Particulars of employment during the last 5 years:

From	To	Employer	Industry
[] [] [] []	- [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
[] [] [] []	- [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
[] [] [] []	- [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
[] [] [] []	- [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
[] [] [] []	- [] [] [] []	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []

Acknowledgement by applicant:

I, _____ the applicant hereby declare as follows:

- a) I will comply with Act 12 of 1992 and the Rules in Respect of Livestock Agents;
- b) I have carefully read the application form and I am fully aware of the contents thereof;
- c) The information contained in this application form and the annexure is true and correct in every aspect;
- d) I hereby consent to APAC conducting the necessary searches (e.g. Companies search, Credit search, etc.) or to take any other reasonable measures in order to verify that the information contained in this application form and the annexures is both true and correct;
- e) I do understand that my occupation requires honesty in handling of cash on behalf of producers.
- f) Accept and agree to Terms and Conditions and comply with all the requirements set out in the Agricultural Produce Agents Act, Act 12 of 1992, together with any other legislation and regulations promulgated thereunder.

Signed at _____ on this _____ day of _____ 20 _____

Signature

IMPORTANT:

Complete the list of Agents / Marketers together with **Annexure C1.**

#	Title	Initials	Surname	ID number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				

Title: Initials: Gender: Female Male

Surname:

Full names:

ID number:

Race: African Coloured Indian White Other

Residential address:

Postal address: (If different from residential address)

City City

Province Province

Postal code Postal code

Landline number:

Mobile number:

Email address:

Highest qualification obtained: (Please attached proof)

Declaration of conflict of interest:

Do you, your wife or relatives have interests in other agricultural business? Yes Y No N

If yes, list the particulars below:

Initials and surname	Relationship	Conflict
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has a civil judgement ever been passed against you? Yes Y No N

Have you ever been sequestered? Yes Y No N

Have you ever been rehabilitated? Yes Y No N

Have you ever been convicted of an offence in terms of the National Credit Act or other credit legislation? Yes Y No N

Have you ever been convicted of a criminal offence in South Africa or elsewhere?

Yes Y

No N

Previous experience:

Particulars of employment during the last 5 years:

From	To	Employer	Industry
	-		
	-		
	-		
	-		
	-		

Acknowledgement by applicant:

I, _____ the applicant hereby declare as follows:

- a) I will comply with Act 12 of 1992 and the Rules in Respect of Livestock Agents;
- b) I have carefully read the application form and I am fully aware of the contents thereof;
- c) The information contained in this application form and the annexure is true and correct in every aspect;
- d) I hereby consent to APAC conducting the necessary searches (e.g. Companies search, Credit search, etc.) or to take any other reasonable measures in order to verify that the information contained in this application form and the annexures is both true and correct.
- e) Accept and agree to Terms and Conditions and comply with all the requirements set out in the Agricultural Produce Agents Act, Act 12 of 1992, together with any other legislation and regulations promulgated thereunder.

Signed at _____ on this _____ day of _____ 20 _____

Signature



COMPANY DETAILS "Company"

To be completed by Company Agent

Company Name: Agricultural Produce Agents Council (APAC) Email: info@apacouncil.co.za
 Agent Name: Minke Hattingh Mobile No: Not Supplied

CANDIDATE PERSONAL INFORMATION

To be completed by the Candidate

Surname: _____
 Full Names: _____
 Maiden Name: _____ Date of Birth: _____
 ID Number / Identifier:

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 Description of Identifier: _____
 Eg. South African ID Number, Zimbabwean Passport Number, etc.

DEFINITIONS IN TERMS OF BELOW CONSENT

- "Candidate" means the person completing this document to be considered by the Company for purposes of employment/ continuation of employment;
- "Company" refers to MIE Client;
- "Consumer Credit Information" shall have the meaning ascribed to it in section 70 of the NCA;
- "FAIS Act" shall mean the Financial Advisory and Intermediary Services Act of 2002;
- "FSCA" refers to the Financial Sector Conduct Authority;
- "NCA" shall mean the National Credit Act, No 34 of 2005, as amended from time to time, including any regulations made under the Act;
- "Personal Information" shall have the meaning ascribed to it in Chapter 1 of POPI and includes, but is not limited to a name, address, email address, telephone or fax number, fingerprints, criminal history and education or other personal credentials provided, or which is collected from the candidate or other third parties, before and/or during the background screening process and/or thereafter;
- "POPI" shall mean the Protection of Personal Information Act, No 4 of 2013, as amended from time to time, including any regulations made under the Act;
- "Privacy and Data Protection Conditions" refers to the 8 (eight) statutory prescribed conditions for the lawful Processing of Personal Information;
- "Responsible Parties" have meaning to the Company and MIE together, and "Responsible Party" any one of them;
- "Verification Information Suppliers" shall mean third parties acting on behalf of MIE, including, but not limited to, criminal record bureaus, credit bureaus, governmental bodies, and any educational, training, and fraud prevention organisations;

CONSENT FOR THE USE OF PERSONAL INFORMATION

- I hereby authorize the Company's duly authorized verification agent, Managed Integrity Evaluation (Pty) Ltd ("MIE"), to access my Personal Information and conduct background screening checks including, but not limited to, credit, qualifications, employment references, criminal record, fraud prevention, ID verification, drivers' licence and all social media accounts linked/associated/known to me of which I am a user/member of.
- I consent to requests for consumer credit information to be released for the below prescribed purposes only:
 - For employment in a position of trust and honesty and entails the handling of cash or finances;
 - Fraud prevention or detection.
- I understand that verification requests form part of the background screening process and:
 - That requests for credit information from Credit Bureaus will only be conducted under the regulations defined as per the NCA;
 - Data obtained from the FSCA serve only for the purpose to determine the fitness and propriety as envisaged in the FAIS Act.
- I acknowledge that any Personal Information supplied to the Company is provided voluntarily and that the Company may not be able to comply with its obligations if the correct Personal Information is not supplied to the Company.
- I understand that privacy is important to the Responsible Parties and the Responsible Parties will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of South African law and or applicable Data Protection Legislation, for the purposes I have authorised.
- I warrant that all information, including Personal Information, supplied to the Company is accurate and current and agree to correct and update such Information when necessary.
- By submitting any Personal Information to the Company in any form I acknowledge that such conduct constitutes a reasonable unconditional, specific and voluntary consent to the processing of such Personal Information in the following manner by the Company and/or verification information suppliers:
 - Personal Information may be shared by the Company with MIE and may be further shared by MIE with the Verification Information Suppliers for verification or other legitimate purposes;
 - Personal Information may be shared by the Verification Information Suppliers with MIE and be further stored and shared by MIE with the Company and MIE's other clients for purposes of continued or future employment or for other legitimate purposes as per the NCA;
 - Personal Information may be stored for a reasonable period by the Company, MIE and/or the Verification Information Suppliers, and
 - Personal Information may be transferred cross-border to countries, which do not necessarily have data-protection laws similar to South Africa, for verification or storage purposes. In any cross-border transfer of personal information the recipient will be notified of the need to protect the confidentiality of the personal information.
- I take note that if the Responsible Party has utilised the Personal Information contrary to the Privacy and Data Protection Conditions, I may first resolve any concerns with that Responsible Party, if I am not satisfied with such process, I have the right to lodge a complaint with the Information Regulator.
- A copy of Personal Information kept by the Responsible Parties will be furnished to me upon request in terms of the provisions of POPI or the NCA and I understand that I may dispute any information in the record provided.
- I unconditionally agree to indemnify the Responsible Parties, and Verification Information Suppliers, acting in good faith in taking reasonable steps to process my personal information lawfully, against any liability that may result from the processing of my personal information. This includes unintentional disclosures of such personal information to, or access by unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the Company by myself or by a third party in respect of me.
- In authorizing the search/s referred to above, I confirm that I have / have not been forced/ coerced into signing and supplying the above information.

CANDIDATE SIGNATURE

MOBILE NUMBER

DATE

Minke Hattingh

COMPANY AGENT SIGNATURE

DATE

Annexure D1**CRIMINAL SEARCH**

The applicant must kindly indicate at which preferred branch, date and time he / she wants to do the criminal vetting at Afis Zone.

It should be noted that a cancelation fee is payable should the applicant not make it to the booked slot. Please remember that the applicant should take his/her ID or Passport as well as the Annexure A to the selected branch. Kindly note that an additional fee is payable when the applicant uses a passport as identification.

An e-mail will be sent to the applicant confirming the reservation as well as the physical address of the branch that he/she needs to visit. The applicant must kindly indicate at which preferred branch, date and time he / she wants to do the criminal vetting at Afis Zone.

Province	Area
Eastern Cape	East London x 2
Eastern Cape	Humansdorp
Eastern Cape	Jeffrey's Bay
Eastern Cape	Mthatha
Eastern Cape	Newton Park (PE) x 2
Eastern Cape	Port Elizabeth (Central)
Eastern Cape	Port Elizabeth (Walmer)
Free State	Bethlehem
Free State	Bloemfontein (Waverley)
KwaZulu-Natal	Amanzimtoti
KwaZulu-Natal	Ballito
KwaZulu-Natal	Berea
KwaZulu-Natal	Bluff
KwaZulu-Natal	Durban (Point)
KwaZulu-Natal	Durban North
KwaZulu-Natal	Glenwood
KwaZulu-Natal	Hillcrest
KwaZulu-Natal	Newcastle
KwaZulu-Natal	Pietermaritzburg x 3
KwaZulu-Natal	Richards Bay
KwaZulu-Natal	Umbilo
KwaZulu-Natal	Umhlanga x 2
KwaZulu-Natal	Westville x 2
Limpopo	Bela Bela
Limpopo	Polokwane
Limpopo	Tzaneen
Mpumalanga	Evander
Mpumalanga	Middelburg
Mpumalanga	Nelspruit x 2
Mpumalanga	Piet Retief
Mpumalanga	Schoemansdal
Mpumalanga	Witbank x 2
Mpumalanga	Klerksdorp
North West	Rusternburg x2

Province	Area
Northern Cape	Upington
Northern Cape	Bellville
Western Cape	Bloubergrand
Western Cape	Century City
Western Cape	Durbanville
Western Cape	George
Western Cape	Great Brak River
Western Cape	Milnerton
Western Cape	Newlands
Western Cape	Observatory
Western Cape	Oudtshoorn
Western Cape	Paarl
Western Cape	Stellenbosch
Western Cape	Strand x 2
Western Cape	Woodstock
Gauteng	Alberton
Gauteng	Allen's Neck
Gauteng	Bedfordview
Gauteng	Benoni x 2
Gauteng	Braamfontein
Gauteng	Bramley
Gauteng	Bryanston x 2
Gauteng	Carletonville
Gauteng	Centurion x 3
Gauteng	Daveyton
Gauteng	Edenvale x 2
Gauteng	Fearie Glen
Gauteng	Fourways
Gauteng	Germiston
Gauteng	Glenvista (JHB South)
Gauteng	Greenside
Gauteng	Hatfield
Gauteng	Houghton
Gauteng	Isando

Province	Area
Gauteng	Johannesburg
Gauteng	Kempton Park
Gauteng	Krugersdorp
Gauteng	Lenasia
Gauteng	Lonehill
Gauteng	Lyndhurst
Gauteng	Midrand x 2
Gauteng	Montana
Gauteng	Monument Park
Gauteng	Northcliff
Gauteng	Orlando East
Gauteng	Ormonde
Gauteng	Parktown x 2
Gauteng	Pretoria CBD
Gauteng	Pretoria North
Gauteng	Randburg
Gauteng	Randpark Ridge
Gauteng	Rosebank
Gauteng	Sandton
Gauteng	Selby
Gauteng	Silverlakes
Gauteng	Springs
Gauteng	Vanderbijlpark

Preferred AFIS Zone: _____

Preferred Date: _____

Preferred Time: _____

Applicant's Signature

I, _____ (Director of the Agency), hereby confirm that I take note of the cancelation fee payable, should the applicant not make it to the booked slot.

Director's Signature

1. As an applicant, by submitting an application form for the issue of a Registration Certificate you declare that:
 - 1.1. You will on demand provide APAC with all outstanding documents necessary to complete the registration process.
 - 1.2. You agree and will comply with the Agricultural Produce Agents Act, Act 19 of 1992 and the Rules in Respect of Livestock Agents and related applicable legislation such as but not limited to the Consumer protection Act, 2005;
 - 1.3. You will abide with all registration requirements and conditions;
2. **The following must be attended to when registering as a Livestock Agent**
 - 2.1. A conflict of interest management policy must be adopted, maintained and implemented;
 - 2.2. Attendance of the online training course;
 - 2.3. A tax clearance certificate not older than 3 (three) months must be submitted;
 - 2.4. The Agency must appoint auditors who are registered with the Independent Regulatory Board for Auditors (IRBA) in terms of section 37(2) of Auditing Profession Act 26 of 2005;
 - 2.5. The Agency must open a bank account with a commercial bank.
3. It is the duty of the Agency concerned to ensure that the auditor submits to APAC the annual auditor's report, on the prescribed form, within four months of the financial year end of the Agency concerned, as prescribed in Rule 33 of the Rules in Respect of Livestock Agents.
4. Should a member of the Agency be exempted from the requirements of the APA Act a resolution to that effect should be attached.
5. The Agency must keep a proper set of accounting records of all transactions pertaining to the Agency business.
6. Any person practicing as a livestock agent without a valid Registration Certificate shall not be entitled to any remunerations in terms of section 16(2)(b) of the Agricultural Produce Agents Act.
7. Livestock agents who ceases, or wish to cease practicing as such, are required to inform APAC in writing forthwith.
8. **Renewal of Registration Certificate**
 - 10.1. The validity of Registration Certificate is valid for 2 (two) years from the date of issue;
 - 10.2. Livestock Agency are required to apply for renewal of their Registration Certificate by no later than 20 (twenty) business days before each anniversary date of issue of the registration certificate concerned;
 - 10.3. It is and will always be the responsibility of each registered agency to ensure that their Registration Certificate is renewed on time