



FRESH PRODUCE AGENCY

REGISTRATION OF SALES PERSONNEL/ AGENTS

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

CHECKLIST APPLICATION CHECKLIST

KINDLY COMPLETE THE APAC ONLINE LEARNING FOR FRESH PRODUCE AGENTS MODULES 1 TO 4 AND THE EXAMINATION BEFORE YOUR APPLICATION WILL BE CONSIDERED

IN CONJUNCTION WITH THE ABOVE, KINDLY LIAISE WITH AN AGENCY AND APAC TO ARRANGE FOR A MENTORSHIP PROGRAMME TO TAKE PLACE

Surname and initials

Type of application: New registration application Transfer 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 attached the following documents:

1. Certified, clear copy ID?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confirmation from previous agency that they have no objection against you application at a new agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant passed the APAC Online Learning ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Memorandum of understanding for the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Market management confirmation/ appointment letter ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reference letter for applicant who previously worked at another agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Proof of payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Date received: Y Y Y Y M M D D

Date finalised: Y Y Y Y M M D D

Approval:

Administration Officer

Deputy Registrar

Registrar

SECTION A
PARTICULARS OF APPLICANT

Agency:

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

Province

Postal code

Landline number:

Mobile number:

Email address:

Have you previously worked at another agency? Yes No

If yes, complete the following: Agency:
 Period of employment: Years Months

Tax reference number:

Have you ever been convicted of an Income Tax related offence?

SECTION B
DECLARATION OF CONFLICT OF INTEREST

Rule 2 - Integrity, objectivity and independence:

2.1 A fresh produce agent shall at all times –

- (a) act honestly and conscientiously in the practising of his occupation;
- (b) act in the best interest of his principals;
- (c) avoid entering into relationships or obtaining interests that, either directly or indirectly, impair or threaten his capacity to act in accordance with paragraphs (a) and (b);

2.2 A fresh produce agent shall maintain an impartial approach in practising his occupation, and for this purpose be free of any influence or relationship that, either directly or indirectly, could impair his judgement or independence.

2.3 A fresh produce agent shall maintain such integrity and objectivity in the practising of his occupation as is necessary to enable him to apply unbiased judgment and objective consideration in forming an opinion or arriving at decisions.

Rule 4 - Incompatible practices:

A fresh produce agent shall not hold decision making positions, controlling interests or offices of whatever nature, or engage in any venture, business or occupation, which results or could result in a conflict of interest or an impairment of his independent judgement in the practising of his occupation.

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

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

Have you at any time been convicted of an offence involving an element of dishonesty?

Yes Y No N

Have you ever, after an investigation in terms of Section 24 been found guilty of improper conduct?

Yes Y No N

SECTION C PREVIOUS EXPERIENCE

Particulars of employment during the last 5 years:

From	To	Employer	Industry
<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"/>
<input type="text"/>	- <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	- <input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C**NOMINATED MENTOR**

Please note that this application will only be considered if a mentor has been nominated and appointed for the applicant, for a period of 12 months. After 12 months the nominated mentor must submit a letter to APAC, confirming that the applicant has the necessary knowledge and skills to always act honestly and with integrity, in accordance with the Agricultural Produce Agents Act, Act 12 of 1992 and the Rules for Fresh Produce Agents

Title:	<input type="text"/>	Initials:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Surname:	<input type="text"/>					
Full names:	<input type="text"/>					
ID number:	<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"/> <input type="text"/>	<input type="text"/>		
Race:	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	White <input type="checkbox"/>	Other <input type="checkbox"/>	
Fidelity Fund Certificate Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Designation within agency:	<input type="text"/>			
Landline number:	<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"/>	Mobile number:	<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"/>			
Email address:	<input type="text"/>					

SECTION D**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 Fresh Produce 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.

Signed at _____ on this _____ day of _____ 20 _____

Signature

Mentor: _____
Signature

Name in print

Owner of agency: _____
Signature

Name in print

Applicant must complete the comprehensive memorandum in terms of his/her understanding of the Agricultural Produce Agents Act (Act 12 of 1992) and the Rules (Government Gazette Nr. 27892), under the following headings:

PART A: GENERAL**1. Objective and functions of APAC:**

2. Purpose of the Agency's Trust Account

PART B: CODE OF CONDUCT**3. Integrity, objectivity, independence as well as incompatible practices**

4. Knowledge and skills

5. Remuneration

6. Acceptance of gifts

7. Canvassing and touting

PART C: RECEIPT AND SALE OF FRESH PRODUCE

8. Recording of fresh produce received, stock control & discard procedures

9. Sales Procedures to follow

10. Reports on sold and unsold fresh produce

11. Accounting to principals

12. Credit sales procedures

PART D: DISCIPLINARY PROCEEDINGS, OFFENCES AND PENALTIES

PART E: MARKET REGULATIONS

(This memorandum must be signed by the applicant as well as the owner of the agency)

I, _____ (The applicant) certify that I have read and understand the Act, 12 of 1992, and the Fresh Produce Agents Rules.

Applicant's Signature

Date

I, _____ (Director of the Agency), hereby confirm that I have thoroughly reviewed the information completed on the above Memorandum of Understanding (MOU). I furthermore confirmed that the necessary guidance and assistance was provided, as stipulated in Rule 3.2 of the Rules in respect of Fresh Produce Agents, in order to ensure that the MOU is correctly completed and a reflection of the legislative requirements applicable to fresh produce agents.

Director's Signature

Date



Personal Credential Disclosure Form



COMPANY DETAILS "Company"

To be completed by Company Agent

Company Name: _____ Email: _____
Agent Name: _____ Mobile No: _____

CANDIDATE PERSONAL INFORMATION

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;
- ✓ "FSB" refers to the Financial Services Board;
- ✓ "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 and drivers' licence.
- ✓ 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 FSB 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 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 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.

CANDIDATE SIGNATURE

MOBILE NUMBER

_____/_____/_____
DD MM CCYY

COMPANY AGENT SIGNATURE

_____/_____/_____
DD MM CCYY