



FRESH PRODUCE AGENCY

NEW AGENCY APPLICATION FORM

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

Trade name:

Type of application:

New agency application

Change in ownership 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

	✓	FOR OFFICE USE ONLY				SECTION / DIRECTOR #
		ACCEPT	INCOMPLETE	NOT SUBMITTED	NOT CLEAR	
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. Notice with regard to a trust account (Annexure A)?	<input type="checkbox"/>					
3. Auditors letter of acceptance/ appointment?	<input type="checkbox"/>					
4. Guarantee to the value of R 50 000 (Annexure B)?	<input type="checkbox"/>					
5. Business Plan	<input type="checkbox"/>					
6. Market management confirmation/ appointment letter ?	<input type="checkbox"/>					
7. Reference letter for owners who previously worked at another agency?	<input type="checkbox"/>					
8. Confirmation of mentorship completion?	<input type="checkbox"/>					
9. Have Annexure C been completed for ALL the listed entity owners?	<input type="checkbox"/>					
9.1 Certified, clear copy ID's of each of the entity owners?	<input type="checkbox"/>					
9.2 Certificate of highest qualification obtained	<input type="checkbox"/>					
9.5 Memorandum of understanding for each of the entity owners (Annexure D)?	<input type="checkbox"/>					
9.3 SmartScreen Indemnity Form for each of the entity owners (Annexure E)?	<input type="checkbox"/>					
9.4 Have all the entity owners completed and passed the APAC Online Learning ?	<input type="checkbox"/>					
10. Proof of payment?	<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)

GENERAL INFORMATION

Trade name:

Will the agency operate on a Municipal Fresh Produce Market?

Yes

 Y

No

 N

If yes, please indicate the Market:

Attach market consent letter to the application form when submitted

Date on which the agency will start to operate:

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

AGENCY CONTACT DETAILS

Physical address:

City

Province

Postal code

--	--	--	--	--

Landline number:

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

Postal address: (If different from physical address)

City

Province

Postal code

--	--	--	--	--

Fax number:

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

Administration email address:

Website address:

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:

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

SECTION B

PARTICULARS OF ENTITY OWNERS

IMPORTANT:

Complete the list of entity owners (Directors/ Members/ Trustees/ Etc.) together with **Annexure A**.

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"/>

#	Title	Initials	Surname	ID number
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

TRUST 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.

Signed at _____ on this _____ day of _____ 20 _____

Signature

WHEREAS section 17(1) of the Agricultural Produce Agents Act, 1992 prohibits the conduct of the business of fresh produce agent, unless the prescribed security has been given to the Registrar of the Agricultural Produce Agents Council to fulfil any obligation that may arise towards any person referred to in that section.

AND WHEREAS the fresh produce agent/fresh produce agents* described below desires/desire* to give security/security jointly* for the above purpose:

NOW, THEREFORE (name of guarantor)

duly and lawfully represented herein by

.....
in accordance with and subject to the regulations published by Government Notice No. 27892 of 19 August 2005, or as they may from time to time be amended, hereby –

- (a) Guarantees to the Registrar of the Agricultural Produce Agents Council that the said fresh produce agent/fresh produce agents* shall fulfil any obligation that may arise towards any person in respect of the proceeds of a product which such person has entrusted to that fresh produce agent/any one or more or jointly to that said fresh produce agent* for sale, or in respect of damage to or loss of such produce, including an obligation to pay the taxed costs of an action for the recovery of such proceeds, or of compensation in respect of such damage or loss, but excluding an obligation to pay interest on such proceeds or compensation;
- (b) undertakes to bind himself in solidum towards the said Registrar to pay to the said Registrar within three days after receipt of a written advice from the said Registrar that the said fresh produce agents has/any one or more or all of the said fresh produce agents have* failed to fulfil an obligation referred to in paragraph (a) an amount of R

.....
(.....)

or any such smaller amount as the said Registrar may require in the said written advice, for utilisation in the manner set out in the said regulations;

- (c) expressly renounces the beneficium ordinis seu excussionis, the beneficium divisionis and the beneficium cedendarum actionum, the meaning and effect of which he acknowledges to be fully acquainted with, and any other defence which he lawfully otherwise may raise and which may have the effect of preventing or delaying the fulfilment of his obligations under this guarantee;

AND THIS guarantee is further given on the express understanding that the guarantor's liability under paragraph (a) hereof, shall be strictly limited to the payment to the said Registrar of the amount referred to in paragraph (b).an amount of R

(.....)

or any such smaller amount as the said Registrar may require in the said written advice, for utilisation in the manner set out in the said regulations;

AND THIS guarantee is further given on the express understanding that the guarantor's liability under paragraph (a) hereof, shall be strictly limited to the payment to the said Registrar of the amount referred to in paragraph (b).

Thus done and signed at

on thisday of20.....

.....
GUARANTOR

WITNESSES:

1.

2.

Fresh produce agent(s) on whose behalf this fidelity guarantee is given:

	Name	Address	Trade name of business
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

* Delete whichever words are not applicable.

.....
GUARANTOR

WITNESSES:

1.

2.

NOTICE WITH REGARD TO A TRUST ACCOUNT

Name of fresh produce agency: _____

Address: _____

You are hereby advised that the account being opened with your bank in the name of the abovementioned agency is a trust account as defined in the Agricultural Produce Agents Amendment Act 2003 (Act 47 of 2003) and that the provisions of the said Act and the rules made by the Agricultural Produce Agents Council under Section 19 of the said Act apply thereto.

Kindly indicate the expression "Trust Account: Act 47 of 2003" or "Trustrekening: Wet No. 47 van 2003" in conjunction with the name of this agency as specified above on each bank statement, cheque form or other document issued in connection with the said account.

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

ANNEXURE C **PARTICULARS OF ENTITY OWNERS**

IMPORTANT: COMPLETE THIS FORM FOR EACH OF THE ENTITY OWNERS

Owner number: (e.g. 1)

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:

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
<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"/>

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 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;
- 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;
- e) I do understand that my occupation requires honesty in handling of cash on behalf of producers.

Signed at _____ on this _____ day of _____ 20 _____

Signature

Purpose: 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). The aim is to establish whether the applicant has the necessary legislative knowledge required prior to being registered.

Please ensure you have comprehensively studied the Act and the Rules for Fresh Produce Agents, before completing the questions below.

PART A: GENERAL

1. What is the objective/function of the Agricultural Produce Agents Council?

2. What monies should be paid into an Agency's Trust Account?

PART B: CODE OF CONDUCT

3. What does the Code of Conduct specify regarding an Agent's knowledge and skills?

4. When can an agent claim remuneration at a higher rate or scale?

5. Can an Agent accept gifts from buyers, farmers or a third party?

6. On what conditions, may an Agent canvas for new business?

7. When should the fresh produce received, be recorded on the system and what information should be recorded on the system?

PART C: RECEIPT AND SALE OF FRESH PRODUCE

8. When should a sales note be issued to the buyer and what information must be reflected on the sales note?

9. When a new consignment of fresh produce is received from the principal, when must the Agent report to the principal on the sold and unsold fresh produce?

10. How often must an Agent provide accounting sales reports to principals via fax, email, etc?

11. If an Agent wants to sell the principal's fresh produce on credit to a buyer, what procedure must be followed first? Secondly, what information should be provided to the principal and be included in the written letter?

PART D: WHAT CAN THE DISCIPLINARY TRIBUNAL SANCTIONS BE, IF AN AGENT IS FOUND GUILTY OF IMPROPER CONDUCT (SEE SECTION 26 OF THE ACT)?

PART D: WHAT IS THE PURPOSE OF THE MARKET REGULATIONS/BYLAWS?

Question _____

Lined area for writing the answer to the question.

Kindly ensure this memorandum is 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**

CANDIDATE PERSONAL INFORMATION

Surname: _____

Full Names: _____

Maiden Name: _____ Date of Birth: _____

ID Number / Identifier:

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

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

Physical Address: _____

Mobile Number: _____

Previous Charges and / or Convictions: Yes No
If Yes, Please Provide the Conviction Details:

Date Convicted: _____

Offence: _____

Sentence: _____

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 _____

_____/_____/_____
DD MM CCYY

Zodwa Cibane

REFERRING AGENT'S NAME _____

admin@apacouncil.co.za
REFERRING AGENT'S MAIL ADDRESS _____

All signatories to this document agree that MIE will NOT be held liable for the content, factual correctness or accuracy of any Supplier Data supplied to MIE for the Company by MIE's suppliers. The Company and the Candidate hereby indemnifies and holds MIE harmless against any loss arising from neglect or damage in procuring, communicating or failing to communicate information to the Company.

Annexure E1**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 North
KwaZulu-Natal	Durban (Point)
KwaZulu-Natal	Glenwood
KwaZulu-Natal	Hillcrest
KwaZulu-Natal	Umbilo
KwaZulu-Natal	Pietermaritzburg x 3
KwaZulu-Natal	Richards Bay
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	Secunda
Mpumalanga	Witbank x 2
North West	Brits
North West	Klerksdorp
North West	Rustenburg x2

Province	Area
Northern Cape	Kimberley
Northern Cape	Upington
Western Cape	Bellville
Western Cape	Bloubergrand
Western Cape	Cape Town CBD
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	Somerset West
Western Cape	Stellenbosch x 2
Western Cape	Strand
Western Cape	Tygervalley
Western Cape	Worcester
Gauteng	Alberton
Gauteng	Bedfordview
Gauteng	Benoni x 2
Gauteng	Bramley
Gauteng	Bryanston x 2
Gauteng	Carletonville
Gauteng	Centurion x 5
Gauteng	Daveyton
Gauteng	Edenvale
Gauteng	Fourways/Pineslopes
Gauteng	Garsfontein
Gauteng	Germiston
Gauteng	Glenvista (JHB South)
Gauteng	Greenside
Gauteng	Isando
Gauteng	Johannesburg
Gauteng	Kempton Park

Province	Area
Gauteng	Krugersdorp
Gauteng	Lenasia
Gauteng	Lonehill
Gauteng	Midrand
Gauteng	Monument Park
Gauteng	Northcliff
Gauteng	Orlando East (Soweto)
Gauteng	Ormonde
Gauteng	Parkmore
Gauteng	Parktown x 2
Gauteng	Pretoria CBD
Gauteng	Pretoria North
Gauteng	Randburg
Gauteng	Randpark Ridge
Gauteng	Rivonia
Gauteng	Sandton
Gauteng	Selby
Gauteng	Springs
Gauteng	Waverley

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