



FORM E1– APPLICATION FOR EXEMPTION FROM PROVISIONS OF THE PROPERTY PRACTITIONERS ACT, 2019

Full names of the applicant:

If the applicant is a natural person:

South African identity number of the applicant:

If no South African identity number is available, then:

Passport number of the applicant:.....

Country of issue of passport:.....

State the place of residence of the applicant:

.....

.....

State the principal place of business of the applicant, if applicable:

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State the name of the employer of the applicant, if applicable:

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If the applicant is not a natural person:

State the form of the applicant (e.g. company, close corporation, trust, association):

State the registration number of the applicant and place of registration, if applicable:

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State the place of registration of the applicant, if applicable:

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State the principal place of business of the applicant, if applicable:

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Provide full details of the directors, members, trustees or similar persons exercising control over the applicant (attached separately, if necessary):

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Please also provide full details of shareholders, members, beneficiaries or other persons who have a direct financial interest in the applicant (attached separately, if necessary):

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Briefly state the reason exemption is applied for (full reasons may be attached separately):

If the applicant is or has at any time been the holder of a fidelity fund certificate issued by the Authority or its predecessor in title the Estate Agency Affairs Board, attach a copy of the most recent version of the fidelity fund certificate held by the applicant.

Please separately attach comprehensive reasons as to why exemption is being applied for and also provide all relevant supporting documentation.

State the specific sections and subsections of the Property Practitioners Act, 2019 from which exemption is sought:

- ✓ If the applicant is not a natural person, also attach an authorising resolution by the board of Directors



State the period for which exemption is sought:

directors, members or trustees or similar body exercising control of the applicant which authorises the signatory below to submit the exemption application on behalf of the applicant.

Signed at _____ on this _____ day of _____ 20____
at _____

For and on behalf of the applicant

Full names: