



# FRESH PRODUCE AGENCY

## CHANGE IN OWNERSHIP APPLICATION FORM

Email the completed form to [info@apacouncil.co.za](mailto:info@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:

#### 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 # |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
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Have you completed **ALL** information required by **Sections A to G**?

Have you attached the following documents:

1. CIPC/ CIPRO Registration certificate?
2. Market management confirmation/ appointment letter ?
3. Reference letter for owners who previously worked at another agency?
4. Have **Annexure A** been completed for **ALL** the listed entity owners?
- 4.1. Certified, clear copy ID's of each of the entity owners?
- 4.2. Certificate of highest qualification obtained
- 4.3. Memorandum of understanding for each of the entity owners (**Annexure B**)?
- 4.4. SmartScreen Indemnity Form for each of the entity owners (**Annexure C**)?
- 4.5. Have all the entity owners completed and passed the APAC Online Learning ?
- 6 Proof of payment?

### FOR OFFICE USE ONLY

Date received:

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| Y | Y | Y | Y | M | M | D | D |
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Date finalised:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
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Approval:

|                        |
|------------------------|
| Administration Officer |
|------------------------|

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| Deputy Registrar |
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|           |
|-----------|
| Registrar |
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**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"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| 4.  | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SECTION C****TRUST ACCOUNT INFORMATION**

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                                                                                                                    |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Bank:                    | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Branch number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Branch name:             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                    |
| Bank account 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                |                                                                                                                                                    |
| Bank account name:       | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                    |
| Date account was opened: | <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                    |

**SECTION D****AUDITOR'S INFORMATION**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |             |                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Name of audit firm:          | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |             |                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| IRBA registration 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  |  |  |  |             |                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| Name and surname of auditor: | <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"/>                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  | Fax 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"/> |  |  |  |  |  |  |  |  |  |
| Email address:               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |             |                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |

**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?

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

**SECTION F****SARS DETAILS**

Tax registration number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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VAT registration number:

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**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

**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:

City Province Postal code 

Landline number:

Email address:

Postal address: (If different from residential address)

City Province Postal code 

Mobile number:

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

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    |
|-------------|-------------|-------------|-------------|
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| <div></div> | <div></div> | <div></div> | <div></div> |
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**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?**

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

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**PART B: CODE OF CONDUCT****3. What does the Code of Conduct specify regarding an Agent's knowledge and skills?**

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

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

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

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

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#### 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?

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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?

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

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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?

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

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

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[illegible]

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

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.

Date \_\_\_\_\_



## Processing Notification - Background Screening Request



## COMPANY DETAILS "Company"

To be completed by Company Agent

Company Name: Die Raad vir Lanbou Produkte Agente Email: admin@apacouncil.co.za  
 Agent Name: Zodwa Cibane Mobile No: 011 894 3680

## CANDIDATE PERSONAL INFORMATION

To be completed by the Candidate

Surname: \_\_\_\_\_  
 Full Names: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 ID Number / Identifier: \_\_\_\_\_

Description of Identifier:

E.g. South African ID Number, Zimbabwean Passport Number, etc.

## BACKGROUND SCREENING CHECKS

To be completed by the Company Agent

|                                                     |                                                        |
|-----------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Credit Check    | <input type="checkbox"/> Sanctions                     |
| <input type="checkbox"/> Qualification              | <input type="checkbox"/> Identity Verifications        |
| <input type="checkbox"/> Employment References      | <input type="checkbox"/> Insurance Regulations         |
| <input checked="" type="checkbox"/> Criminal Checks | <input type="checkbox"/> Drivers license & Vehicles    |
| <input type="checkbox"/> Fraud Check                | <input type="checkbox"/> Social Media Screening Checks |

## DEFINITIONS

- ✓ "Candidate" means the person on whom the Company will process background screening checks for lawful purposes including but not limited to 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;

## ACKNOWLEDGMENT OF THE USE OF PERSONAL INFORMATION

- I acknowledge
- ✓ that the Company's duly authorized verification agent, Managed Integrity Evaluation (Pty) Ltd ("MIE"), will need to process my Personal Information to conduct background screening checks as indicated above which are required by the Company.
  - ✓ 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 and 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.
    - ✓ data obtained from the FSCA serve only for the purpose to determine the fitness and propriety as envisaged in the FAIS Act.
    - ✓ that any Personal Information supplied to the Company is provided voluntarily and is accurate and current as the Company may not be able to comply with its obligations if the correct Personal Information is not supplied to the Company, I further agree to correct and update such information when necessary;
  - ✓ 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.
  - ✓ that all information, including Personal Information, supplied to the Company is accurate and current and agree to correct and update such information when necessary.
  - ✓ 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;
  - ✓ may be shared by the Verification Information Suppliers with MIE and be further stored and shared by MIE with the Company and Fraud databases or services when the information provided for verification is deemed fraudulent by the Verification Information Suppliers for purposes of continued or future employment or for other legitimate purposes as per the NCA or other National or Provincial Legislation;
  - ✓ may be stored by MIE, for legislated retention periods and where such periods are not legislated then my personal information may be stored by MIE for as long as the information may be needed for verification purposes, or any other period as I may agree with the MIE. and
  - ✓ Personal Information may be transferred cross-border to countries, for verification or storage purposes. In any cross-border transfer of personal information MIE will comply with the security safeguards as provided for in the POPIA including but not limited to ensuring that the information is secured when transported to or from the recipient.
  - ✓ 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 agree that MIE, to the extent permitted by law, will not be liable for any complaint, claim or action brought by me, arising from any action or omission by MIE, to the extent that such action or omission resulted from MIE complying with the terms of this agreement and I shall indemnify, hold harmless and defend MIE from and against any such claims or actions brought against MIE."

|           | CANDIDATE | COMPANY AGENT |
|-----------|-----------|---------------|
| SIGNATURE |           |               |
| DATE      |           |               |

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.

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 cancellation 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.

It should be noted that a cancellation 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.

It should be noted that a **cancellation fee** is payable should the applicant not make it to the booked slot. Please remember that the applicant should take his or her ID or Passport (an **additional fee** is payable when the applicant uses a passport as a form of identification) and Annexure A to the selected branch.

| PROVINCE | AREA                 |
|----------|----------------------|
| Gauteng  | ❖ Alberton           |
| Gauteng  | ❖ Bedfordview        |
| Gauteng  | Benoni 1             |
| Gauteng  | Benoni 2             |
| Gauteng  | ❖ Braamfontein       |
| Gauteng  | ❖ Bramley            |
| Gauteng  | ❖ Brooklyn           |
| Gauteng  | ❖ Brooklyn Mall      |
| Gauteng  | ❖ Bryanston 1        |
| Gauteng  | ❖ Bryanston 2        |
| Gauteng  | ❖ Carletonville      |
| Gauteng  | ❖ Centurion          |
| Gauteng  | ❖ Centurion Mall     |
| Gauteng  | ❖ Daveyton           |
| Gauteng  | ❖ Diepkloof (Soweto) |
| Gauteng  | ❖ Edenvale           |
| Gauteng  | ❖ Fourways           |
| Gauteng  | Germiston            |
| Gauteng  | Isando               |
| Gauteng  | ❖ Johannesburg CBD   |
| Gauteng  | ❖ Kempton Park       |
| Gauteng  | ❖ Kempton Park CBD   |
| Gauteng  | Krugersdorp          |
| Gauteng  | ❖ Lenasia            |
| Gauteng  | ❖ Lonehill           |
| Gauteng  | ❖ Mayfair            |
| Gauteng  | ❖ Meyerton           |
| Gauteng  | ❖ Midrand            |
| Gauteng  | Montana              |
| Gauteng  | ❖ Monument Park      |
| Gauteng  | ❖ Orlando East       |
| Gauteng  | Parktown 1           |
| Gauteng  | ❖ Parktown 2         |
| Gauteng  | ❖ Pretoria CBD       |
| Gauteng  | ❖ Pretoria North     |
| Gauteng  | ❖ Randburg           |
| Gauteng  | ❖ Roodepoort         |
| Gauteng  | ❖ Rosebank           |
| Gauteng  | ❖ Rosebank Mall      |
| Gauteng  | Sandton 1            |
| Gauteng  | ❖ Sandton 2          |
| Gauteng  | ❖ Selby              |
| Gauteng  | Silverlakes          |
| Gauteng  | ❖ Soweto (Bara Mall) |
| Gauteng  | Tembisa              |
| Gauteng  | ❖ Vanderbijlpark     |
| Gauteng  | ❖ Wadeville          |
| Gauteng  | ❖ Woodmead           |

| PROVINCE      | AREA                      |
|---------------|---------------------------|
| Limpopo       | ❖ Bela Bela               |
| Limpopo       | ❖ Mokopane                |
| Limpopo       | ❖ Polokwane               |
| Limpopo       | Tzaneen                   |
| Free State    | ❖ Bethlehem 1             |
| Free State    | ❖ Bloemfontein (Waverley) |
| Free State    | ❖ Welkom                  |
| KwaZulu-Natal | Amanzimtoti               |
| KwaZulu-Natal | Ballito                   |
| KwaZulu-Natal | ❖ Berea                   |
| KwaZulu-Natal | ❖ Bluff                   |
| KwaZulu-Natal | Gateway Shopping Mall     |
| KwaZulu-Natal | Glenwood                  |
| KwaZulu-Natal | Hillcrest                 |
| KwaZulu-Natal | ❖ Kloof                   |
| KwaZulu-Natal | Newcastle                 |
| KwaZulu-Natal | ❖ Pietermaritzburg 1      |
| KwaZulu-Natal | Pietermaritzburg 2        |
| KwaZulu-Natal | ❖ Pietermaritzburg 3      |
| KwaZulu-Natal | ❖ Richards Bay            |
| KwaZulu-Natal | Umbilo                    |
| KwaZulu-Natal | ❖ Umhlanga 1              |
| KwaZulu-Natal | ❖ Umhlanga 2              |
| KwaZulu-Natal | ❖ Westville               |
| Eastern Cape  | ❖ East London             |
| Eastern Cape  | ❖ Jeffrey's Bay           |
| Eastern Cape  | ❖ Mthatha                 |
| Eastern Cape  | ❖ PE (Newton Park)        |
| Eastern Cape  | ❖ Port Elizabeth 1        |
| Eastern Cape  | ❖ Port Elizabeth 2        |
| Northern Cape | ❖ Kathu                   |
| Northwest     | Lichtenburg               |
| Northwest     | ❖ Potchefstroom           |
| Northwest     | ❖ Rustenburg 1            |
| Northwest     | ❖ Rustenburg 2            |

| PROVINCE     | AREA               |
|--------------|--------------------|
| Western Cape | ❖ Bellville        |
| Western Cape | ❖ Bloubergstrand   |
| Western Cape | ❖ Bredasdorp       |
| Western Cape | ❖ Cape Gate        |
| Western Cape | Century City       |
| Western Cape | ❖ George           |
| Western Cape | ❖ Great Brak River |
| Western Cape | Khayelitsha        |
| Western Cape | ❖ Milnerton        |
| Western Cape | Newlands           |
| Western Cape | ❖ Observatory      |
| Western Cape | ❖ Oudtshoorn       |
| Western Cape | ❖ Paarl            |
| Western Cape | Parow              |
| Western Cape | ❖ Plumstead        |
| Western Cape | Rondebosch         |
| Western Cape | ❖ Stellenbosch 1   |
| Western Cape | ❖ Stellenbosch 2   |
| Western Cape | Strand             |
| Western Cape | ❖ Strandfontein    |
| Mpumalanga   | ❖ Evander          |
| Mpumalanga   | ❖ Middelburg       |
| Mpumalanga   | ❖ Nelspruit 1      |
| Mpumalanga   | ❖ Nelspruit 2      |
| Mpumalanga   | ❖ Piet Retief      |
| Mpumalanga   | ❖ Schoemansdal     |
| Mpumalanga   | ❖ Witbank 1        |
| Mpumalanga   | Witbank 2          |

Updated: 7 December 2021



❖ **Open locations are indicated in RED.**

❖ **Please note that the above locations may change without prior notice.**

Preferred AFIS Zone:

Preferred Date:

Preferred Time:

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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.

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Director's Signature