

FORM OF AFFIDAVIT BY BUSINESS PROPERTY PRACTITIONER IN RESPECT OF TRUST MONIES

1. I, _____ [insert name]
ID no. _____ [insert ID number]
In my capacity as _____ [Director/Member/Partner/Owner] of -
_____ [insert name of business] registration
no _____ [insert business registration number] (the “business
property practitioner”) solemnly affirm that:

1.1 I am duly authorised to make this affidavit on behalf of the business property
practitioner;

1.2 **Tick whichever is applicable below;**
i) the business property practitioner has never received any trust monies or
ii) the business property practitioner no longer receives any trust monies and

1.3 the business property practitioner is using/intends using a Payment Processing
Agent: Yes No

1.4 should these circumstances change, we undertake not to receive any trust monies after
the date hereof without first:

1.4.1 opening a trust account;

1.4.2 giving the Authority no less than 60 days’ notice prior to such receipt of any trust
monies; and

1.4.3 furnishing all details pertaining to the trust account to the Authority, which details
must comprise at least the name of the financial institution at which the trust account
is held, and the trust account number.

_____ Signature

_____ Full name of signatory

_____ Identity or registration number of signatory

_____ Firm pin number (F-number)

_____ Date of signature

Commissioner of Oaths signature &
stamp