

**APPLICATION FOR EXEMPTION**
**Applicant Name**
**Instructions and notes:**

- (a) A passport number will only be accepted if the applicant is not a South African Citizen.  
 (b) A copy of the applicant's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.

**1. Type of applicant**

Indicate the type of person applying for exemption.

FSP	<input type="checkbox"/>
Key individual	<input type="checkbox"/>
Representative	<input type="checkbox"/>
Compliance officer	<input type="checkbox"/>
Other	<input type="checkbox"/>

**2 Details of applicant**
**2.1 Provide the following information if the applicant is an FSP:**

FSP no.

**2.2 Provide the following information if the applicant is a person other than an FSP:**

Full Name(s)

Surname

Date of Birth

**Identity / Passport Number**
*(Passport no. must only be provided if applicant is not a SA citizen)*
**Gender**

 Male 

 Female 
**Race**

Black

White

Coloured

Indian

Asian

Other

 Please specify:

Postal address	
Postal Code	
Telephone Number	
Mobile Phone Number	
E-mail address	

**3 Details of and motivation for exemption**

3.1 Indicate the section of the Act (including subordinate legislation) and provide description of requirement, from which exemption is required.

Section of Act	Description of requirement

3.2 Indicate period for which the exemption is required and explain why such period is required. The explanation must be attached as a separate annexure to this form.

Period	
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3.3 Provide a detailed explanation and/or motivation of why the exemption should be considered. The explanation and/or motivation must be attached as a separate annexure to this form. Where applicable, evidence in support of the application must be provided e.g. where an applicant seeks exemption based on medical grounds, the application must be accompanied with a letter from the relevant medical practitioner confirming the existence and extent of the medical problem.

**14 Consent**

I, ..... (full name of director, member, partner, trustee), identity / passport number ....., hereby authorise the **Authority**, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of my application to any personal data holders (including but not limited to the South African Police Services, the Government of the RSA, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying my personal credentials and records.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references including industry employment registers, consumer credit, criminal records, drivers' licence, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding my credentials, whether claimed or not, to the **Authority** and its duly authorised verification agent. I unconditionally indemnify the **Authority**, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

I, ..... (name of applicant) declare that the information provided in this form is correct.

.....  
Signature

.....  
Date