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APPLICATION FOR FIDELITY FUND CERTIFICATE
[Form 4 amended by GN R256 of 1 March 1999]
REGULATIONS RELATING TO SHERIFFS, 1990
[Regulation 3]

1. Title: Mr Mrs Ms

2. Surname:

3. Forenames:

4. Sex: Male Female

5. Date of birth:

6. Identity number:

7. Nationality:

8. Residential address:

Postal code:

9. Telephone number:

10. Business address:

Postal code:

11. Telephone number:

12. Postal address: Postal code:

13. From which date will you be able to act as sheriff?

14. Were you previously in possession of a Fidelity Fund Certificate? If so, give details:

15. Have you at any time been dismissed from a position of trust by reason of improper conduct involving a breach of such trust? If so, give details:

16. Have you at any time been convicted of any offence involving dishonesty, or of any other offence for which a sentence of imprisonment without the option of a fine was imposed? If so, give details:

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17. Have you ever been declared insolvent? If so, give details:

18. Were you previously the holder of a Fidelity Fund Certificate which was cancelled under sections 34(1) or 49 of the Sheriffs Act, 1986? If so, give details:

19. Have you passed the course of the South African Institute for Sheriffs? If so, attach a certified copy of certificate hereto:

YES NO

20. Have you been exempted by the Board or the Minister from passing the Board's examination? If so, give details:

21. Have you passed the examination of the Board for Sheriffs? If so, state on which date the examination was passed:

YES NO

22. Has the Board ever cancelled a Fidelity Fund Certificate of a sheriff of whom you were an employee at the time of such cancellation? If so, give details:

YES NO

23. Have you already paid over to the Fidelity Fund of the Board the interest accrued to your trust account for the previous financial year?

YES NO

I declare hereby under oath / affirmation that the above particulars given by me are in all respects true and correct.

Sheriff:

Date:

Duly executed and sworn/affirmed before me at the place and on the date herein mentioned by the deponent, who acknowledges that he/she -

- *knows and understands fully the contents of this declaration;*
- *has no objection to taking the prescribed oath;*
- *considers the prescribed oath/affirmation to be binding on his/her conscience.*

Place:

Date:

Commissioner of Oaths / Justice of the Peace: