

## Exemption from Audit Report

### APPLICATION FOR EXEMPTION FROM SUBMITTING AN AUDIT REPORT IN TERMS OF SECTION 23(4) OF THE SHERIFFS ACT, 90 OF 1986 ("the Act")

*(This application form must be completed by the sheriff and must be signed by the sheriff before a Commissioner of Oaths / Justice of the Peace. Thereafter the sheriff must submit the form to the SABFS, for approval by the Executive Manager.)*

I, the undersigned, \_\_\_\_\_ (insert full names of sheriff), hereby apply for exemption from submitting an audit report for the financial year ended **28 February 2018**, and confirm that the following information is true and correct:

1. I confirm that I am the sheriff for \_\_\_\_\_  
(insert jurisdiction(s) and indicate whether the jurisdiction is for the High or Lower court, or both).
2. I have kept proper accounting books during the period **1 March 2017 to 28 February 2018**, and I confirm that I will furnish the SABFS with a list of my trust creditors, should this be requested from me by the SABFS.
3. During the financial year, R330 000 or less was deposited into my trust bank account, and there were 50 transactions or less.
4. A copy of my trust bank account statements for the full financial year are annexed to this application form.
5. (a) The total amount of interest received to my trust account and / or any savings or other interest-bearing account held by the me in terms of section 22(1) and 2(a) of the said Act, amounts to:
- (b) The total amount of bank charges (VAT excluded) amounts to:
- (c) **Amount payable to the Fidelity Fund for Sheriffs amount to:**

**I affirm/ declare under oath that the above information is in all respects correct.**

\_\_\_\_\_  
(Sheriff's signature)

\_\_\_\_\_  
(Date)

**Duly executed and sworn / affirmed before me at the place and on the date mentioned by the deponent, who acknowledges that he/she knows and fully understands the contents of this declaration; has no objection to taking the prescribed oath / affirmation; and considers the prescribed oath / affirmation to be binding on his/her conscience.**

\_\_\_\_\_  
(Signature of Commissioner of Oaths / Justice of Peace)

\_\_\_\_\_  
(Place)

\_\_\_\_\_  
(Date)

#### **FOR OFFICE USE:**

\_\_\_\_\_  
(Approved / Not approved)

\_\_\_\_\_  
(Signature of SABFS Executive Manager)

\_\_\_\_\_  
(Date)