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REGULATIONS RELATING TO THE SHERIFFS ACT No. 90 of 1986. APPLICATION FOR FIDELITY FUND CERTIFICATE

[Regulation 3]

If you are applying for exemption from both courses please tick both yes blocks

Title: Mr Mrs Ms

Full name: Surname:

Identity number: Sex: M F Race: African Coloured White Indian

Date of birth: Nationality:

Residential address

Telephone no.: Postal code:

Business address

Telephone no.: Postal code:

Postal address

Telephone no.: Postal code:

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

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

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:



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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:

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

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:

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

YES NO

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

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

YES NO

Has the Board for Sheriffs 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:

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 affirm/declare hereby under oath 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 fully understands 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: _____

