

**APPLICATION FOR A PLAYERS' AGENT LICENCE**

Full name of applicant : \_\_\_\_\_

Date of completion of form : \_\_\_\_\_

SAFA Licence : \_\_\_\_\_

*All correspondence to be  
addressed to:*

**The Chief Executive Officer**

P O Box 910 : Telephone No. (011) 494 3522  
JOHANNESBURG  
2000  
Republic of South Africa : Facsimile No. (011) 494 3013

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## APPLICATION INSTRUCTIONS

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.
2. Answer every question in full. If you fail to answer any question or given incomplete answers or fail to submit all the additional information required, your application may be rejected. NB if you comply with question 14.2 then you need not complete questions 18, 19, 20 and 21.
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided for the answer. If there is nothing to disclose about a particular question, write "None" in the space provided for the answer. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except signatures, must be typed or neatly printed in black ink. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. This application form must be completed by the person applying for the Players' Agent's Licence to be issued by the South African Football Association ("SAFA"). Return the completed form to the Chief Executive Officer of SAFA, P O Box 910, JOHANNESBURG 2000, Republic of South Africa or, if by hand, to the SAFA House, 76 Nasrec Road, NASREC, JOHANNESBURG, Republic of South Africa.
6. The original completed application form and all the additional required information plus two copies of all pages must be submitted to the Board.
7. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
8. The original application form must be accompanied with a photograph of the applicant taken not more than one month before the submission of this application form.
9. If there is not enough space on the schedules for the financial information, additional information of the applicant, the applicant's spouse or children must be given on additional pages in the same format as those of the relevant schedules pertaining to this application form.
10. If any details of the applicant, which are reflected I this application form, change before a licence has been issued SAFA must immediately be notified in writing.
11. All dates must be in the format: DAY/ MONTH/ YEAR

*(Attach certified true copies of all pages of ID document if a new document was issued during the past twelve months)*

1. **APPLICANT**

Name \_\_\_\_\_

	First	Middle	Maiden (if applicable)	Surname
ID No.	_____	_____	_____	_____
	_____	_____	_____	_____

(Attach certified true copies of all pages of ID document if a new document was issued during the past twelve months)

Current Home Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

Town / City \_\_\_\_\_ Country \_\_\_\_\_

Telephone No. (home) \_\_\_\_\_ Telefax No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Current Business Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

Town / City \_\_\_\_\_ Country \_\_\_\_\_

Telephone No. (work) \_\_\_\_\_ Telefax No. \_\_\_\_\_

**2. CHANGES IN FAMILY DETAILS DURING PAST TWELVE MONTHS**

All applicants must disclose any changes in his/her family information in full. If a relative passed away during the past twelve months, give all the information that is requested, including his or her last place or residence and the date of his or her death. If you are co-habiting, engaged or to be married or are contemplating marriage in the near future, give full particulars about this, indicating clearly the nature of the relationship being planned.

<b>SPOUSE / COMMON LAW WIFE / PARTNER</b>
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Name	_____	_____	_____	_____
	First	Middle	Maiden (if applicable)	Surname

Street Address

\_\_\_\_\_

Suburb

Postal Code

\_\_\_\_\_

Town / City

Country

\_\_\_\_\_

Date of Birth

Place of Birth

\_\_\_\_\_

Date of Marriage / Commencement  
of Current relationship

\_\_\_\_\_

ID Number

\_\_\_\_\_

Current / Last Employer

\_\_\_\_\_

Address of Employer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD / STEP-CHILD**

Name

\_\_\_\_\_

First

Middle

Surname

Street Address

\_\_\_\_\_

Suburb

Postal Code

\_\_\_\_\_

Town / City

Country

\_\_\_\_\_

Date of Birth

Place of Birth

\_\_\_\_\_

ID Number

\_\_\_\_\_

Current / Last Employer

\_\_\_\_\_

Address of Employer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. CURRENT EMPLOYMENT INFORMATION**

Provide the required information with respect to your current employment below:

Date (From - To)	Name, Address, Telephone & Fax No. of Employer	Job Description & Job Title	Name of Supervisor	Promotion(s) during the past 12 months

*(attach an employment certificate form your current employer)*

**4. DISCIPLINARY ACTIONS**

Have you been subjected to any disciplinary action / investigation in connection with your employment during the past twelve months?

Yes

No

If "No", provide a certificate from your employer confirming such. If "Yes", provide all documentation relating to such disciplinary action/investigation.

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**5. MOTOR VEHICLE INFORMATION**

Complete the following table in respect of all vehicles registered in your name or the name(s) of your spouse or the persons residing with you during the past twelve months. Include all vehicles (cars, trucks, motorcycles, recreational vehicles), aeroplanes, boats:

Date of Purchase	Make	Model & Year of Manufacture	Registration Number	Registered Owner


*(attach certified true and legible copies of each vehicle registration certificate)*

**6. CIVIL PROCEEDINGS**

6.1 Have you or your spouse/partner been party to personal litigation during the past twelve months?      Yes       No

If "Yes", give details in the table below:

Date	Name of Court	Case Number	Other Parties to Lawsuit	Nature of Lawsuit	Outcome of Lawsuit

6.2 Have any civil judgements against yourself, spouse or partner been abandoned or rescinded during the past twelve months?      Yes       No

If "Yes", give details below:

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7. **SUMMONSES and SUBPOENAS**

7.1 Have you been summonsed, subpoenaed, requested or otherwise required to appear or to testify before any municipal, provincial, country or national court, agency, committee, grand jury or investigative regulatory body, other than in response to a traffic summons or has your spouse or partner in any business entity, in which you hold or have held an ownership interest been so summonsed, subpoenaed, requested or otherwise required to appear or to testify during the past twelve months? Yes  No

If "Yes", state below the name and address of the court or other agency involved, the case number, if applicable, the nature of the proceedings, whether testimony was given and, if so, the dates upon which the testimony was given.

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8. **INVESTIGATIONS**

Have you been the subject of an investigation conducted by a government investigative agency for any reason or has your spouse or partner or business entity in which you hold or have held an ownership interest, been the subject of such an investigation during the past twelve months? Yes  No

If yes, state below the name and address of the investigative agency, the nature of the investigation and the period of time during which the investigation was in progress.

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*(Submit a Police Clearance Certificate with this Application)*

9. **CRIMINAL OFFENCES**

Have you been arrested, indicted for, or convicted of a criminal offence or has any member of your immediate family been so arrested, indicted, charged or convicted during the past twelve months? If so, list all cases, irrespective of the outcome.

Yes

No

If "Yes", complete the table below:

Date	Name or Relationship	Nature of Charge or conviction	Name & Address of Court or Agency	Outcome

10. **CRIMINAL PROCEEDINGS**

Have you been called as a witness in any criminal proceedings, or has any member of your family been involved in such criminal proceedings during the past twelve months.

Yes

No

If "Yes", complete the table below:

Date	Name or Relationship	Name & Address of Court or Agency	Nature of Proceedings

11. **INSURANCE**

11.1 Have you sustained either a personal or business loss in respect of which an insurance payment of more than R100 000 was paid to you during the past twelve months?

Yes

No

If "Yes", provide details below, including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.

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11.2 Have you ceded an insurance policy during the past twelve months? Yes  No

If "Yes", provide details below, including the policy number, to whom ceded, and for what reason

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**12. POSITIONS HELD IN FOOTBALL**

12.1 Do you hold any positions in any of the following organizations?

- |                                     |     |                          |    |                          |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| 12.1.1 FIFA                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.2 A Confederation e.g. SAFA    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.3 A League e.g. NSL or PSL     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.4 A Region or Province of SAFA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.5 A District of SAFA           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.6 An Associate member of SAFA  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.7 A Club                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12.1.8 FIFA                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

12.2 Do you hold any positions in any of the following organizations?

12.2.1 Do you hold a position with any organization connected with these institutions? Yes  No

12.2.2 If the answer to 12.2 is yes, please provide details.

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**13. EXPERIENCE AS AN AGENT**

13.1 List the names, addresses telephone numbers of each person for whom you have acted as an agent. Including the beginning and ending dates of your representation and include which sports code. Please attach additional sheet(s) if necessary.

(A) Name: \_\_\_\_\_ Sports Code: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_

Represented From: \_\_\_\_\_ To: \_\_\_\_\_

(B) Name: \_\_\_\_\_ Sports Code: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_

Represented From: \_\_\_\_\_ To: \_\_\_\_\_

(C) Name: \_\_\_\_\_ Sports Code: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_

Represented From: \_\_\_\_\_ To: \_\_\_\_\_

(D) Name: \_\_\_\_\_ Sports Code: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_

Represented From: \_\_\_\_\_ To: \_\_\_\_\_

**14. TAX INFORMATION**

14.1 Have you filed your income tax returns during the past twelve months? Yes  No

14.2 If yes, attach certified true and legible copies of all the pages and supporting schedules of your tax return as well as the corresponding tax assessment and attachment or tax clearance certificate or the equivalent from the country of origin.

Tax reference number: \_\_\_\_\_ Tax authority location: \_\_\_\_\_

14.3 If no, give an explanation below and provide a personal income statement and balance sheet for the past twelve months ending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

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14.4 Have you been granted an extension to render your income tax return during the past twelve months? Yes  No

If yes, provide details below and supply a copy of the extension granted by SARS.

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14.5 Have you been delinquent in submitting your tax return or paying your financial obligation to any tax authority during the past twelve months? Yes  No

If yes, state reasons below for not submitting your tax return or the unpaid amount and the tax authority involved.

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15. **ATTACHMENTS**

Have your wages, salary, earnings or other income been garnished or attached or any similar action taken during the past twelve months?

Yes

No

If yes, complete the table below:

Date Filed	Case Number	Name and Address of Court	Nature and Amount of order	Name and Address of Creditor

**16. DIRECTORSHIPS**

List all directorships currently held (attach separate list if necessary).

Date	Name of Company and Co. Registration Number	Registered Address of Company	Tax Reference number of each company	Type of directorship (exec., etc)

**17. BANK ACCOUNTS**

Have you or your spouse opened or closed any bank account which was issued in your name, your spouse's name or in the name of any entity which you or your spouse controlled, during the past twelve months?

Yes

No

If yes, provide details below:

Date opened / closed	Bank and Branch where account was opened / closed	Name and Number of account	Balance of account as at _____	If closed, reason for closing the destination of the proceeds

*(Provide copies of the statements of each bank account for the past three months)*

**18. MONTHLY INCOME AND EXPENDITURE STATEMENT**

Provide details below for your current monthly income and expenditure for the past twelve months. All amounts must be in South African Rand. Indicate the applicable exchange rate and date when a foreign currency is converted to South African Rand.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net) / Drawings			
Fees (Directors / Consultancy)			
Rental			
Interest			
Dividends			
Repayments of loans			
Other (specify)			
<b>TOTAL INCOME (A)</b>			

INCOME	APPLICANT	SPOUSE	TOTAL
Alimony (if applicable)			
Bond repayment / rental of house			
Clothes			

Credit card accounts			
Electricity			
Entertainment			
Food and liquor			
Insurance premiums / savings			
Maintenance of property			
Medical expenses not covered by medical aid / Own medical aid			
Motor vehicle running expenses			

Repayment of borrowings			
Telephone			
Travelling			
Water			
Other (specify)			
<b>TOTAL EXPENDITURE (B)</b>			
<b>NET INCOME / (DEFLECT) (A – B)</b>			

19. **STATEMENT OF ASSETS AND LIABILITIES**

DATE OF STATEMENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List the values of all assets, both tangible and intangible, in the appropriate spaces below. Enter only Rand amounts as on the date of this statement. The statement date must be as recent as possible, but within the directly preceding three months of the date of this application.

Should you find it necessary, additional information about a listed asset must be described fully in an attached schedule, numbered appropriately, as indicated. Provide either current actual values or current market values as appropriate.

ALL AMOUNTS MUST BE IN SOUTH AFRICAN RANDS.

INDICATE THE APPLICABLE EXCHANGE RATE AND DATE WHEN FOREIGN CURRENCIES WHERE CONVERTED TO SOUTH AFRICAN RAND.

19.1 Assets

<b>Assets</b>	<b>Applicant</b>	<b>Spouse + minor children</b>	<b>TOTAL</b>
Accounts / monies receivable / tax overpaid			
Bank Accounts			
Cash on hand (on person, in safe etc.)			
Credit card accounts in credit			
Household and personal effects			

Listed investments (shares and bonds)			
Non-listed investments			
Property			
Surrender value of insurance policies			
Unit trusts			
Vehicles, planes, boats etc.			
<b>TOTAL ASSETS (A)</b>			

19.2 Liabilities

<b>Liabilities</b>	<b>Applicant</b>	<b>Spouse + minor children</b>	<b>TOTAL</b>
Bank overdraft outstanding			
Bonds / mortgages payable			
Debit credit card accounts			
Hire purchase accounts payable			
Loans payable (secured or			

unsecured)			
Other liabilities payable (specify)			
Tax payable (as per your assessment)			
<b>TOTAL LIABILITIES (B)</b>			

<b>NET WORTH (A – B)</b>			
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**20. OFF-BALANCE SHEET ASSETS**

List all assets, except fixed property, used but not owned by the applicant or spouse below e.g. vehicles, planes, boats, etc. as well as the market value of these assets.

<b>OFF-BALANCE SHEET ASSETS</b>	<b>APPLICANT</b>	<b>SPOUSE</b>	<b>TOTAL</b>

**21. CONTINGENT LIABILITIES**

List all contingent liabilities (e.g. guarantees) as well as the amounts involved.

<b>CONTINGENT LIABILITIES</b>	<b>APPLICANT</b>	<b>SPOUSE</b>	<b>TOTAL</b>