**PSP - PERSONAL SERVICE PROVIDER AFFIDAVIT**

I, the undersigned,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full name)

Do herby make an oath that

1.

I am an adult (male/female) and hold the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of Company / CC / Trust ), hereinafter referred to as “the Brokerage” with the following FSP Number: \_\_\_\_\_\_\_\_

2.

I am authorised to make this Affidavit on behalf of the Brokerage.

3.

The facts deposed to herein fall within my personal knowledge and are to the best of my knowledge true and correct.

4.

I have considered the status of the Brokerage and confirm that it does not comprise a personal service provider as defined in the Income Tax Act, 1962 for the current year of assessment.

5.

I specifically confirm one or both of the following:

5.1 not more than 80% of the total income of the Brokerage during the current year of assessment, derived from services rendered, consisted of or is likely to consist of amount received directly or indirectly from any one financial institution or any associated institution as defined in the Seventh Schedule to the Income Tax Act, in relation to that client.

5.2 the Brokerage has and will, throughout the current year of assessment, employ at least three full employees who engaged in the business of the Brokerage and who are not shareholders, members or trust beneficiaries of the Brokerage or relatives of such excluded employees.

6.

I confirm that the information provided herein is a true record of the Brokerage’s service provider status and undertake to advise within 30 days should there be any change to the status of the Brokerage.

**OATH / AFFIRMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare under oath / hereby truly affirm\* that to the best of my knowledge and belief the foregoing statements are true, complete and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signed on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ 2019**

**SIGNATURE OF DEPONENT**

I certify that before administering the oath / affirmation\*, I asked the Deponent the following questions and write down his / her\* answers in his / her\* presence:

1.         Do you know and understand the contents of the above Declaration?

**Answer:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.         Do you have any objection to taking the prescribed oath?

**Answer:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.         Do you consider the prescribed oath to be binding on your conscience?

**Answer:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that Deponent has acknowledged that he / she\* knows and understands the contents of this Declaration which was sworn to / affirmed before\* me and the Deponent’s signature / thumb print / mark\* was placed thereon in my presence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUSTICE OF THE PEACE / COMMISSIONER OF OATHS\***

FULL NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION (RANK) AND AREA FOR WHICH APPOINTED:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Delete whichever is not applicable.