

ESTATE AGENTS ACT (CHAPTER 27.17)
APPLICATION FOR REGISTRATION AS AN ESTATE AGENT
SWORN AFFIDAVIT

Note: Section 22 of the Act provides for penalties in cases of false representations or concealment of material facts.

1. **Surname (block letters)** _____ **First names** _____

2. **Date of Birth** _____ **Country** _____

3. **Addresses:**

Postal	Business	Residential
_____	_____	_____
_____	_____	_____
_____	_____	_____

Telephone Business _____ Residential _____

Email address _____

4. **Name and Address of employer** _____ **Capacity employed** _____

5. **Qualifications** (Copies of certificates to be attached)

Examining Body	Examination passed with dates
_____	_____
_____	_____
_____	_____

6. **Business experience** (Give the most recent appointment first) to be supported by sworn statements from each employer. If the employer is/was a registered estate agent the certificate is to be signed by him.

Employer Address	Nature of Business	Appointment held	Dates from to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. **State the nature of your business operations, if self employed, or of your firm if an employee.**

8. **Have you ever been insolvent** **YES/NO**
Have you been convicted of any offence involving dishonesty in any country? **YES/NO**

If yes state the nature of the offence, dates of conviction and sentence _____

9. **Police Clearance is required**

10. Have you ever been dismissed or forced to resign for misconduct? Yes/No
If yes state the nature of offence

11. I, _____ declare that I am over the age of 21 years and that all the information given above is true, accurate and omits no material facts.

TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS

Signature of Applicant

This application, together with the statutory fee of _____ should be forwarded to:-

**The Registrar of Estate Agents
P O Box HG 898
Highlands Harare**

Or 24 Mon Repos Building, Newlands, Harare

NOTES: If the statutory fee or prescribed supporting documents are not lodged, the application cannot be processed. If the application is refused, _____ will be refunded.

FOR OFFICE USE ONLY

Registration fee paid _____ date _____ Receipt No _____

Approved by Council (date) _____