



## Employer Declaration

I certify that at the date of this application \_\_\_\_\_ (applicant name)  
is an employee of \_\_\_\_\_,  
a Principal Member of SAFAA.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

This form must be signed by one of the following representatives of the Principal Member.  
Please select:

- Director
- Company Secretary
- Responsible Executive
- Responsible Officer
- Compliance Officer