



PERSONAL SERVICES PROVIDER (PSP) AFFIDAVIT

in terms of the Fourth Schedule and section 23(k) of the Income Tax Act

I, the undersigned, do hereby declare that:

1. I am the duly authorised representative of INSERT (Registration number INSERT), (income tax registration number INSERT) ("the Service Provider"), which provides a personal service to Old Mutual Insure Limited in terms of the Intermediary Agreement concluded between the Parties.
2. I am duly authorised to depose to this Affidavit, and to represent the Service Provider in its dealings with Old Mutual Insure Limited.
3. The facts contained herein are within my personal knowledge and are true and correct.
4. The Service Provider is a company registered and incorporated in accordance with the Companies Act, 2008.
5. The agreed services will not be personally performed by one or more managers, employees or persons who themselves; or who (together with one of more of their family members or relatives); or who (together with one or more companies or corporate entities controlled by them), hold more than 20% of the Service Provider's company shares or voting rights.
6. The service fees to be paid by Old Mutual Insure Limited to the Service Provider in terms of the Intermediary Agreement do not constitute more than 80% of the Service Provider's annual income.
7. It is by virtue of the above fact(s) that I confirm that the Service Provider is not a "Personal Services Provider", as defined in the Fourth Schedule and section 23(k) of the Income Tax Act, 58 of 1962 ("the Act"), and that Old Mutual Insure Limited is therefore not obliged in terms of the Act to deduct employees tax from any amount owing to the Service Provider.
8. I acknowledge that Old Mutual Insure Limited relies on the contents of this Affidavit in good faith and if it subsequently determines that I have misrepresented the facts set out above, then it will be entitled to lodge a criminal charge against me and to report the conduct of the Service Provider to the South African Revenue Services.
9. I also acknowledge that if, during or after the services are rendered, the South African Revenue Services determine that Old Mutual Insure Limited is obliged to deduct employees tax in terms of the Act and to pay the amount and any arrears to the South African Revenue Services, then Old Mutual Insure Limited shall deduct the amount from the remuneration due to the Service Provider or recover the amount from the Service Provider and any shortfall due to the South African Revenue Services, as Old Mutual Insure Limited will not be liable for underpayment of PAYE to the South African Revenue Services.



10. I undertake to inform Old Mutual Insure Limited of any changes to the status of the Service Provider that may cause it to fall within the definition of a Personal Services Provider within 30 days after the change of status occurs.

Sign: _____

Full Name: _____ **Identity / Passport Number:**
_____ **Designation** / **Capacity:**

I certify that:

1. The deponent acknowledged to me that:
 - 1.1 he/she knows and understands the contents of this affidavit;
 - 1.2 he/she has no objection to taking the prescribed oath;
 - 1.3 he/she considers the prescribed oath to be binding on his/her conscience.
2. The deponent thereafter uttered the words: "*I swear that the contents of this affidavit are true, so help me God*".
3. The deponent signed this affidavit in my presence at the address set out hereunder on this the

____ day of _____ 20____

COMMISSIONER OF OATHS

Name:

Office:

Address: