



APPLICATION FOR EXEMPTION

(Exemption in respect to professional services)

This application is hereby made under section ----- of the Competition Act.

Name of Applicant

1. Name of the Act under which this Profession is registered under.....

2. We seek an exemption for a period of (Duration)

3. In respect of this matter, has previous exemption been:

Granted----- Declined-----

4. If you answered "yes" to the question above, please provide the provisions of the Act which the previous exemption was sought.....

5. The following information must be included in your description of the agreement or practice for which you seek an exemption;

- i. Your address for service of documents;
- ii. Name and addresses of other persons on whose behalf you apply;

- iii. A short description of your business ;
 - iv. A short description of your business carried by other persons on whose behalf you apply
6. The names and addresses of other parties to that practice;
 7. The facts and contentions on which you rely;
 8. Description of the goods or services to which the proposed or actual restrictive practice relate ;
 9. The sections of the Act that you believe may be contravened by the practice;
 10. Description of the market(s) in which the goods or services described are supplied oracquired and other affected markets including: significant suppliers and purchase rs; substitutes available for the relevant goods orservices; any restriction on the supply or acquisition of the relevant goods or services;
 11. Detriment to the public resulting or likely to result from the exemption, in particular the likely effect of the agreement on the prices of the goods or services.

Name and address of person authorized by the applicant to provide additional information:

Dated.....

Signed by/on behalf of the applicant

.....
(Signature and official seal or stamp)

.....
(Full Name and Position in Organization)

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