

FORM E2

SBF MEMBERSHIP EXEMPTION FOR YEAR 2024

	STATUTO	ORY DECLARA	TION		
I,		[[Name of Declara	<i>nt,]</i> being the Director of	
				["Company"], located	
at				[Company's Address],	
soler	mnly and sincerely declare as follows:				
Please 1	Tick (🗸)				
	That the Company did not have any employee	e for the period 1 January 202	23 to 31 December	2023.	
		panies incorporated within the exemption application year (i.e., incorporated in 2024 and applying for exemption in 2024.] wly incorporated Company did not have any employee from the Date of Incorporation to 31 December 2024.			
Declar	red at [Place / Country]	on this	day of	[Month / Year]	
	[Signature of Dire	ctor making this Statutory D Before me,	Declaration]		
	[Signature of Person be	fore whom this Statutory De	claration is made]		
	[Name of Commissioner for O	aths / Notary Public / Justice	e of Peace* and St	amp]	

*Delete where not applicable

NOTE:

YEAR OF EXEMPTION of Membership	QUALIFYING PERIOD	SUBMISSION TIMELINE
Subscription Fee	during which company has NO employee	for Exemption Application
1 January to 31 December 2024	1 January to 31 December 2023	1 October to 30 October 2023