

Fax to : **Annexure: Confirmation of payment of fees**
Fax number: **National Credit Regulator**
(011) 554 2628

1. Details of Credit Provider

Name of credit provider	
Application Number	
Application Date	
Contact person (Name)	
Contact telephone number	

2. Payment details

Amount paid in Rands (R) :			
Direct Deposit	Electronic transfer	Cheque attached	Cheque sent by registered mail

Please cross with an X the method used

Tracking number for cheques sent by registered mail																			
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3. Basis of calculation of fees paid

(A) Application fee, as per Schedule 2, paragraph 2	R500.00
(B) Initial Registration fee:	R
(i) Per Schedule 2, paragraph 3(1)(a)(i) , which is based upon the total principal debt as at the date of application for registration, being ____/____/____ of <div style="border: 1px solid black; width: 150px; height: 15px; margin-left: 20px;"></div> R	
(ii) Per Schedule 2, paragraph 3(1)(a)(ii),branch fee of R250.00 which is based upon a number of branches of <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>	R
TOTAL	R

The applicant confirms that the information contained herein is true and correct.

Date	:
Duly Authorised Representative (Name)	:
Signature	:
Designation	:

4. Payment must be made to: **National Credit Regulator (name in full)**
Current Account no. 200456490
Bank: Standard Bank of South Africa
Branch: Parktown
Branch Code: 000355

Please use your Identification/passport number as a reference when making a payment, if you are applying as a natural person or company registration number if you are applying as a juristic person.