



Please send completed application form to: 127 - 15th Road, Randjespark, Midrand | PO Box 209, Halfway House, 1685

APPLICATION FORM FOR REGISTRATION AS A CREDIT BUREAU IN TERMS OF SECTION 43 OF THE NATIONAL CREDIT ACT 34 OF 2005

General information

The applicant must submit the completed application form, together with the required documentation and application fee to the National Credit Regulator.

PART 1 - APPLICANT'S INFORMATION

1. Name of applicant

2. Legal status (Please tick appropriate box)

- | | | |
|--|--|--|
| <input type="checkbox"/> 2.1 Private Company | <input type="checkbox"/> 2.4 Close Corporation | <input type="checkbox"/> 2.7 Other (specify) |
| <input type="checkbox"/> 2.2 Public Company | <input type="checkbox"/> 2.5 Co-operative | <input style="width: 260px; height: 20px;" type="text"/> |
| <input type="checkbox"/> 2.3 Partnership | <input type="checkbox"/> 2.6 Trust | |

3. CIPRO/other official registration number

4. Date of commencement of trading

5. Financial Year-End

6. Income Tax registration number

7. VAT registration number

8. Contact detail of the Applicant

Physical Address

Postal Code

Postal Address

Postal Code

Telephone number Fax number

Website address (if applicable)

9. Contact person

Title

Name Initials

Surname

Telephone number (office) Cell number

e-mail address (if applicable)

10. Auditor / Accounting Officer

Physical Address

 Postal Code

Postal Address

 Postal Code

11. Name of Auditor or Accountant

Telephone number Fax number

e-mail address

Practice number

Name of professional body registered with

12. Compliance Officer (if applicable)

Name of Compliance Officer

Telephone number Fax number

e-mail address

If external compliance officer, name of firm

Postal Address

 Postal Code

Name of professional accredited body

Telephone number

13. Type of business conducted (Please tick appropriate box)

Receive enquiries for purposes of credit applications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receive information on conclusion of credit agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receive information on payment history or patterns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receive consumer credit information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investigate credit applications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investigate credit agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investigate payment history or patterns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investigate personal financial information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compile and maintain data from such reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART 2 - MEMBERS, DIRECTORS, TRUSTEES, PARTNERS AND GENERAL MANAGERS OF THE APPLICANT

1. Does the Applicant or any natural person exercising general management or control whether alone or in conjunction with others, hold a controlling interest in any of the following businesses: (See definition of "general management or control" in the Regulations) (Please tick appropriate box)

- A credit provider Yes No
- A debt collection agency Yes No
- An alternative dispute resolution agent Yes No
- A credit repair agency Yes No

2. If the answer to any of the above is "yes", please provide details:

PART 3 – QUALIFICATION, COMPETENCE, KNOWLEDGE & EXPERIENCE

1. MINIMUM QUALIFICATION, COMPETENCE, KNOWLEDGE AND EXPERIENCE REQUIREMENTS

Employees & Outsource service providers

Do you maintain and impose minimum qualifications, competence, knowledge and experience requirements for employees and outsource services provider who will have the authority to represent the applicant in any function

Yes

No

If so, please indicate the minimum qualification requirements imposed:

PART 4 - HUMAN, FINANCIAL AND OPERATIONAL RESOURCES

1. Human resources

1.1 Indicate the number of staff employed

1.2 Does the applicant have a call centre?

Yes

No

1.3 Indicate the number of staff responsible for the call centre

a) Average number of calls received daily

b) Average number of staff employed in the call centre on a daily basis

1.4 Indicate the daily ratio between calls received by the call centre and number of staff employed in the call centre.

1.5 Are any of the services and functions of the applicant as credit bureau outsourced?

Yes

No

If, yes provide details of the services that are outsourced.

1.6 If the applicant does not have a call centre, indicate how the Applicant intends on dealing with enquiries, and who will be responsible for dealing with such enquiries?

2. Financial resources

Provide a copy of the applicant's most recent audited financial statements.

3. Operational resources (Please tick appropriate box)

- | | | |
|--|------------------------------|-----------------------------|
| 3.1 Do you have a fixed business address? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.2 Do you have adequate access to communication facilities, including telephone, typing, fax and copying facilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.3 Do you have adequate storage and filing systems for the safe-keeping of all records? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.4 Do you have procedures in place and sufficient resources to accept the filing of consumer credit information | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.5 Do you have procedures in place and sufficient resources to take reasonable steps to verify the accuracy of any consumer credit information reported to you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.6 Do you have procedures in place and sufficient resources to retain consumer credit information reported to you for the prescribed period? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.7 Do you have procedures in place and sufficient resources to maintain your records of consumer credit information in a manner that satisfies the prescribed standards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.8 Do you have procedures in place and sufficient resources to promptly expunge from your records any prescribed consumer credit information that, in terms of the regulations, is not permitted to be entered in your records? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.9 Do you have procedures in place and sufficient resources to issue a report to any person who requires it for a prescribed purpose or a purpose contemplated in this Act? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.10 Do you have sufficient resources to comply with accounting and reporting requirements in terms of this Act? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.11 Do you have sufficient resources to ensure compliance with the requirements of the Act and the regulations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.12 If the answer to any of the above is "No", please provide a credible plan to acquire or develop these resources or procedures. | | |

Add additional pages if required

PART 5 – QUESTIONS, CONCERNS AND COMPLAINTS

(Please tick appropriate box)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have a policy in place to handle questions, concerns and complaints? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does this policy outline your commitment to handle questions, concerns and complaints as well as your internal systems and procedures for resolving questions, concerns and complaints? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do these internal systems and procedures ensure that questions, concerns and complaints from consumers or credit providers are treated equitable and consistently? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do these internal systems and procedures ensure that questions, concerns and complaints from consumers or credit providers are treated in a timely, efficient and courteous manner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are these internal systems and procedures transparent and visible to consumer and credit providers? (i.e. do consumers and credit providers have knowledge of these systems?) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you have sufficient human resources to handle questions, concerns and complaints from consumers and credit providers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are your human resources adequately trained to handle questions, concerns and complaints from consumer and credit providers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you have sufficient resources to handle questions, concerns and complaints from consumers and credit providers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Are your facilities accessible to consumers and credit providers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. If the answer to any of the above is "No", please provide a credible plan to acquire or develop these resources or procedures. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Add additional pages if required

PART 6 - BUSINESS PREMISES

THIS FORM MUST BE COMPLETED IN RESPECT OF ALL BUSINESS PREMISES FROM WHICH THE APPLICANT CONDUCTS / INTENDS TO CONDUCT THE BUSINESS OF A CREDIT BUREAU. (MAKE ADDITIONAL COPIES IF NECESSARY)

1. Total number of business premises

2. Information required per business premises

Trading name

Physical Address

 Postal Code

Contact person

Telephone number Fax number

e-mail address (if applicable)

Trading name

Physical Address

 Postal Code

Contact person

Telephone number Fax number

e-mail address (if applicable)

PART 7 - DECLARATION BY CREDIT BUREAU

- The applicant hereby permits the National Credit Regulator or any person authorised by the National Credit Regulator as set out in section 50(2)(a) to enter any place at or from which the applicant conducts the registered activities during normal business hours, and to conduct reasonable inquiries for compliance purposes, including any act contemplated in section 156(1)(d) to (h) of the Act.
- The applicant confirms that the information contained in this application is accurate and complete.

Date:

Capacity:

Signatory:

Duly authorised representative of Applicant

If this application is completed on behalf of a juristic person, attach proof of authorisation.

PART 8 – DISQUALIFICATION OF NATURAL PERSONS

THIS FORM MUST BE COMPLETED AND SIGNED IN RESPECT OF EACH NATURAL PERSON WHO EXERCISES GENERAL MANAGEMENT OR CONTROL OF THE APPLICANT, WHETHER ALONE OR IN CONJUNCTION WITH OTHERS. MAKE ADDITIONAL COPIES. (For a definition of “general management or control” refer to the definitions in the regulations)

Name of natural person completing form:

Identity number:

Date:

Questions:

1. Are you, as a result of a court order, listed on the register of excluded persons in terms of section 14 of the National Gambling Act, 2004 (Act no 7 of 2004) Yes No
2. Are you subject to an order of a competent court holding you to be mentally unfit or disordered? Yes No
3. Have you ever been removed from office on account of misconduct relating to fraud or the misappropriation of money, whether in the Republic or elsewhere? Yes No
4. Have you ever been a director or member of a governing body of an entity at the time that such entity has been de-registered in terms of public regulation? Yes No
5. Have you ever been a director or member of a governing body of an entity at the time that such entity has brought the consumer credit industry into disrepute? Yes No
6. Have you ever been a director or member of a governing body of an entity at the time that such entity has acted with disregard for consumer rights generally? Yes No
7. Have you ever been convicted during the previous ten years, in the Republic or elsewhere, of theft, fraud, forgery or uttering a forged document, perjury, or an offence under the Corruption Act, 1992 (Act No 94. of 1992), or comparable legislation of another jurisdiction and been sentenced to imprisonment without the option of a fine? Yes No

If your answer is yes, when providing full details in respect thereof, indicate whether you received a grant of amnesty or free pardon for the offence

8. Have you ever been convicted during the previous ten years, in the Republic or elsewhere, of a crime involving violence against another natural person and been sentenced to imprisonment without the option of a fine? Yes No

If your answer is yes, when providing full details in respect thereof, indicate whether you received a grant of amnesty or free pardon for the offence

9. Have you ever been convicted during the previous ten years, in the Republic or elsewhere, of an offence in terms of this Act, a repealed law or comparable provincial legislation and been sentenced to imprisonment without the option of a fine? Yes No

If your answer is yes, when providing full details in respect thereof, indicate whether you received a grant of amnesty or free pardon for the offence.

10. I, the undersigned, hereby give permission to the SAPS Criminal Record Centre to furnish the National Credit Regulator or it's authorised agents with my previous convictions and any relevant information in their possession, including any directions by the Court for my detention in a mental hospital or prison as well as any court order listing myself on the register of excluded persons in terms of the National Gambling Act, if any, in the form SAPS 69 Yes No

I hereby indemnify the SAPS Criminal Record Centre, its employees, the National Credit Regulator, it's agents and it's employees and hold them harmless against any claims by myself or any other person that may arise out of or be connected with such disclosure as well as any legal costs, including attorney and client costs.

11. I certify that the information contained herein is true and correct.

Signature

Date

