

Please send completed application form to: 127-15th Road, Randjespark, Midrand | PO Box 209, Halfway House, 1685
 Fax: (011) 805 4835 or **Email to registrations_info@ncr.org.za**

**APPLICATION FORM FOR REGISTRATION AS A PAYMENT DISTRIBUTION AGENT
 IN TERMS OF SECTION 44A OF THE NATIONAL CREDIT ACT 34 OF 2005, AS AMENDED**

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

1.1. Name of applicant

1.2. Trading name of applicant

1.3. Legal status (Please tick appropriate box)

- 1.3.1. Private Company 1.3.3. Close Corporation
 1.3.2. Public Company 1.3.4. Co-operative

1.4. Companies and Intellectual Property Commission (CIPC)/other official registration number

1.5. Date of commencement of trading

1.6. Financial year-end

1.7. Income tax registration number

1.8. Vat registration number (if applicable)

1.9. Which, if any, other regulated activity does the applicant engage in? (Please tick appropriate box)

- 1.9.1. Banking 1.9.3. Debt collecting 1.9.5. Other (specify)
 1.9.2. Insurance 1.9.4. Financial advisory

1.10. Contact person and contact details of the applicant

Title Initials Names

Surname

Telephone number

Fax number

Cell phone number

E-mail address (if applicable)

Physical address

Postal Code

Postal address

Postal Code

Province

1.11. Auditor/Accounting officer

Name of firm

Name of Auditor/Accounting officer

Physical address
 Postal Code

Postal address
 Postal Code

Telephone number

Fax number

E-mail address (if applicable)

Practice number

Name of professional body registered with

1.12. Attorney

Name of attorney

Telephone number

Fax number

E-mail address

Physical address
 Postal Code

Postal address
 Postal Code

Name of professional body registered with

1.13. Compliance

Does the applicant comply with the Protection of Personal Information Act (POPI)? Yes No

Is the applicant registered with the Payment Association of South Africa (PASA)? Yes No

Does the applicant comply with the payment system in South Africa? Yes No

PART 2 - HUMAN, FINANCIAL AND OPERATIONAL RESOURCES

2.1. Human Resources

2.1.1. Indicate the number of staff employed

2.1.2. Does the applicant have a call centre? Yes No

2.1.3. Indicate the number of staff responsible for the call centre

2.1.4. Does the applicant have a PDA software system with the capability to accept, store and distribute funds as per debt review repayment plans and integrate with the debt counsellor's restructuring software systems? Yes No

2.1.5. 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?

2.2. Financial resources

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

2.3. Operational resources (Please tick appropriate box)

2.3.1. Do you have a fixed business address? Yes No

2.3.2. Do you have adequate access to communication facilities, including telephone, typing, fax and copying facilities? Yes No

2.3.3. Do you have adequate mechanisms in place to keep all payment records for at least 5 years after the payment event? Yes No

2.3.4. Do you have sufficient resources to ensure compliance with the requirements of the Act and the Regulations? Yes No

If the answer to any of the above is “no”, please provide a credible plan to acquire or develop these resources or procedures.

PART 3 - EDUCATION AND EXPERIENCE

THIS SECTION MUST BE COMPLETED BY THE EXECUTIVE DIRECTOR(S) RESPONSIBLE FOR THE DAY TO DAY OPERATIONS OF THE PAYMENT DISTRIBUTION AGENT AND AN INDEPENDENT DIRECTOR OF THE BOARD OF DIRECTORS (MAKE ADDITIONAL COPIES)

3.1. Name and Surname

3.2. ID/Passport Number

3.3. Education

Qualification

Year achieved

Institution that issued the qualification (attach certified copies of certificates)

3.4. Experience

	1	2	3
Name of employer	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>
Date of employment	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>
Position held	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>

Responsibilities

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3.5. Employer contact details

Contact person	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 4 - QUESTIONS, CONCERNS AND COMPLAINTS

- 4.1. Do you have a policy in place to handle questions, concerns and complaints? Yes No
- 4.2. 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 No
- 4.3. Do these internal systems and procedures ensure that questions, concerns and complaints from consumers, debt counsellors, credit providers and alternative dispute resolution agents are treated timely, efficiently and in a courteous manner? Yes No
- 4.4. Do you have sufficient human resources to handle questions, concerns, and complaints from consumers, debt counsellors, credit providers and alternative dispute resolution agents? Yes No
- 4.5. Is your human personnel adequately trained to handle questions, concerns, and complaints? Yes No
- 4.6. Are you prepared to train professional employees in accordance with these Regulations? Yes No
- 4.7. Are your facilities accessible to consumers, debt counsellors, credit providers and alternative dispute resolution agents? Yes No

If the answer to any of the above is "no", please provide a credible plan to acquire or develop these resources or procedures.

PART 5 - BUSINESS PREMISES

THIS SECTION MUST BE COMPLETED IN RESPECT OF ALL BUSINESS PREMISES FROM WHICH THE APPLICANT CONDUCTS/INTENDS TO CONDUCT THE BUSINESS OF A PAYMENT DISTRIBUTION AGENT (MAKE ADDITIONAL COPIES IF NECESSARY)

5.1. Total number of business premises

5.2. Information required per business premises

Trading name

Address 1

Address 2

Suburb/Village

Area

Province

Postal Code

Telephone number

Cell phone number

Fax number

E-mail address

Trading Name

Address 1

Address 2

Suburb/Village

Area

Province

Postal Code

Telephone number

Cell phone number

Fax number

E-mail address

Trading Name

Address 1

Address 2

Suburb/Village

Area

Province

Postal Code

Telephone number

Cell phone number

Fax number

E-mail address

PART 6 - DECLARATION BY THE PAYMENT DISTRIBUTION AGENT

- 6.1. 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 154(1)(d) to (h) of the Act.
- 6.2. The applicant confirms that the information contained in this application is accurate and complete.

Duly authorised representative:

Name

Signature

Capacity

Date

Attach proof of authorisation.

PART 7 - DISQUALIFICATION OF NATURAL PERSONS

THIS SECTION 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)

Name of natural person completing the form:

Identity number:

Designation:

Questions:

- 7.1. 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
- 7.2. Are you subject to an order of a competent court holding you to be mentally unfit or disordered? Yes No
- 7.3. 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
- 7.4. 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
- 7.5. 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
- 7.6. Have you ever been convicted during the previous ten (10) 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.

- 7.7. Have you ever been convicted during the previous ten (10) 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.

- 7.8. Have you ever been convicted during the previous ten (10) 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.

- 7.9. Are you subject to debt re-arrangement as contemplated in section 86 and 87 of the Act? Yes No
- 7.10. Are you subject to an administration order as contemplated in section 74 of the Magistrates' Court Act, 1944 (Act no. 32 of 1944)? Yes No
- 7.11. Have you ever been declared insolvent in terms of section 3 (1) or 9 (1) of the Insolvency Act,1936 (Act no. 24 of 1936)? Yes No
- 7.12. Have you been rehabilitated in terms of section 127A(1) of the Insolvency Act,1936 (Act no. 24 of 1936)? Yes No

If your answer is "yes" please provide a copy of the rehabilitation certificate.

- 7.13. 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 business? (Please tick appropriate box)
- | | |
|---|--|
| A credit provider | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A debt collection agency | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| An alternative dispute resolution agent | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Debt counselling | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A credit bureau | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Signature

Date