

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 AN ALTERNATIVE DISPUTE RESOLUTION
AGENT IN TERMS OF SECTION 134A 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

☐ 1.9.4. Financial Advisory

☐ 1.9.2. Insurance

☐ 1.9.5. Other (specify)

☐ 1.9.3. Debt Collecting

1.10. Contact person and contact details of the applicant

Title Initials Names

Surname

Telephone number

Fax number

E-mail address (if applicable)

Physical address

Postal Code

Postal address

Postal Code

Province

1.11. Auditor/Accounting Officer

Name of firm	<input type="text"/>		
Name of Auditor/Accounting Officer	<input type="text"/>		
Telephone number	<input type="text"/>	<input type="text"/>	
Fax number	<input type="text"/>	<input type="text"/>	
E-mail address (if applicable)	<input type="text"/>		
Practice number	<input type="text"/>		
Name of professional body registered with	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>

1.12. Attorney

Name of attorney	<input type="text"/>		
Telephone number	<input type="text"/>	<input type="text"/>	
Fax number	<input type="text"/>	<input type="text"/>	
E-mail address (if applicable)	<input type="text"/>		
	<input type="text"/>		
Physical address	<input type="text"/>	Postal Code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Name of professional body registered with	<input type="text"/>		

1.13. Compliance

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

PART 2 - QUESTIONS, CONCERNS AND COMPLAINTS

- 2.1. Do you have a policy in place to handle questions, concerns and complaints?

Yes ☐ No ☐
- 2.2. 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 ☐
- 2.3. Do these internal systems and procedures ensure that questions, concerns and complaints from consumers, debt counsellors, credit providers and payment distribution agents are treated timely, efficiently and in a courteous manner?

Yes ☐ No ☐
- 2.4. Do you have sufficient human resources to handle questions, concerns, and complaints from consumers, debt counsellors, credit providers and payment distribution agents?

Yes ☐ No ☐
- 2.5. Is your human personnel adequately trained to handle questions, concerns, and complaints?

Yes ☐ No ☐
- 2.6. Are you prepared to train professional employees in accordance with these Regulations?

Yes ☐ No ☐
- 2.7. Are your facilities accessible to consumers, debt counsellors, credit providers and payment distribution 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 3 - NOMINATED PERSON’S PROFILE

THIS SECTION MUST BE COMPLETED ON BEHALF OF THE PERSONNEL PROVIDING ALTERNATIVE DISPUTE RESOLUTION SERVICES, WHO THE APPLICANT FOR ALTERNATIVE DISPUTE RESOLUTION SERVICES PROPOSES TO INCLUDE ON ITS LIST OF ADJUDICATORS (MAKE ADDITIONAL COPIES)

- 3.1. Name and Surname
- 3.2. ID/Passport Number
- 3.3. Gender (tick the appropriate box)
Female ☐ Male ☐
- 3.4. Race (tick the appropriate box)
Black ☐ Coloured ☐ Indian ☐ White ☐
- 3.5. Citizenship (tick the appropriate box)
South African Citizen ☐ Non-South African Citizen ☐
If non-South African Citizen, please provide copy of a valid work permit.
- 3.6. Education
Qualification/Training
Year achieved
Institution that issued the qualification
Profession (if applicable)

Have you successfully completed a NCR approved mediation, arbitration or conciliation course? Yes ☐ No ☐

Year achieved

Institution that issued the qualification

3.7. Experience

	1	2	3
Name of employer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>	<input type="text"/>
Responsibilities	<div></div>	<div></div>	<div></div>

3.8. 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 - BUSINESS PREMISES

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

4.1. Total number of business premises

4.2. Information required per business premises

Trading name	<input type="text"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Suburb/Village	<input type="text"/>	
Area	<input type="text"/>	
Province	<input type="text"/>	
Postal Code	<input type="text"/>	
Telephone number	<input type="text"/>	<input type="text"/>
Cell phone number	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	

Trading Name	<input type="text"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Suburb/Village	<input type="text"/>	
Area	<input type="text"/>	
Province	<input type="text"/>	
Postal Code	<input type="text"/>	
Telephone number	<input type="text"/>	<input type="text"/>
Cell phone number	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	

Trading Name	<input type="text"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
Suburb/Village	<input type="text"/>	
Area	<input type="text"/>	

Province	<input type="text"/>	
Postal Code	<input type="text"/>	
Telephone number	<input type="text"/>	<input type="text"/>
Cell phone number	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	

PART 5 - DECLARATION BY AN ALTERNATIVE DISPUTE RESOLUTION AGENT

5.1. 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.

5.2. The applicant confirms that the information contained in this application is accurate and complete.

Duly authorised representative:	Name	<input type="text"/>
	Signature	<input type="text"/>
	Capacity	<input type="text"/>
	Date	<input type="text"/>

Attach proof of authorisation

PART 6 - DISQUALIFICATION OF NATURAL PERSONS

THIS SECTION MUST BE COMPLETED BY THE NOMINATED PERSONNEL OF THE APPLICANT AND 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

- 6.1. 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 ☐
- 6.2. Are you subject to an order of a competent court holding you to be mentally unfit or disordered? Yes ☐ No ☐
- 6.3. 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 ☐
- 6.4. 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 ☐
- 6.5. 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 ☐
- 6.6. 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.

- 6.7. 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.

- 6.8. 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.

- 6.9. Are you subject to debt re-arrangement as contemplated in section 86 and 87 of the Act?

Yes ☐ No ☐
- 6.10. 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 ☐
- 6.11. 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 ☐
- 6.12. 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.

- 6.13. 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 ☐ No ☐

A debt collection agency

Yes ☐ No ☐

A credit bureau

Yes ☐ No ☐

A payment distribution agent

Yes ☐ No ☐

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

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

Signature

Date