



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

APPLICATION FORM FOR REGISTRATION AS A CREDIT PROVIDER IN TERMS OF SECTION 40 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

Instructions:

1. Name of applicant

2. Trading name of applicant

3. Legal Status (Please tick appropriate box)

<input type="checkbox"/> 3.1 Individual	<input type="checkbox"/> 3.4 Public Company	<input type="checkbox"/> 3.7 Co-operative
<input type="checkbox"/> 3.2 Trust	<input type="checkbox"/> 3.5 Partnership	<input type="checkbox"/> 3.8 Other (specify below)
<input type="checkbox"/> 3.3 Private Company	<input type="checkbox"/> 3.6 Close Corporation	<input type="text"/>

4. CIPRO/other official registration number

5. Date of commencement of trading

6. Financial Year-End

7. Income Tax registration number

8. VAT registration number (if applicable)

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

<input type="checkbox"/> 9.1 Banking	<input type="checkbox"/> 9.3 Debt Collectors	<input type="checkbox"/> 9.5 Other (specify below)
<input type="checkbox"/> 9.2 Insurance	<input type="checkbox"/> 9.4 Financial Advisory	<input type="text"/>

10. Contact detail of the Applicant

Physical Address

 Postal Code

Postal Address

 Postal Code

Telephone number Fax number

e-mail address (if applicable)

11. Contact person

Title

Name Initials

Surname

Telephone number (office) Fax number

Cell number

e-mail address (if applicable)

12. Auditor / Accounting Officer

Name of Firm

Physical Address

Postal Address Postal Code

Postal Code

Name of Auditor or Accountant

Telephone number Fax number

e-mail address (if applicable)

Practice number

Name of professional body registered with

13. 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

Telephone number

14. Products (Please tick appropriate box)

<input type="checkbox"/> 14.1 Mortgage agreements	<input type="checkbox"/> 14.5 Clothing retail	<input type="checkbox"/> 14.9 Other products, specify
<input type="checkbox"/> 14.2 Credit facilities	<input type="checkbox"/> 14.6 Furniture retail	<input type="text"/>
<input type="checkbox"/> 14.3 Unsecured credit transactions	<input type="checkbox"/> 14.7 Pawnbroking	<input type="text"/>
<input type="checkbox"/> 14.4 Vehicle finance	<input type="checkbox"/> 14.8 Developmental Credit	<input type="text"/>

15. Which of the following ancillary financial products does the Applicant sell in conjunction with its credit products?
(Please tick appropriate box)

- | | | |
|--|---|--|
| <input type="checkbox"/> 15.1 Life Insurance | <input type="checkbox"/> 15.3 Credit Life Insurance | <input type="checkbox"/> 15.5 Other, specify |
| <input type="checkbox"/> 15.2 Funeral cover | <input type="checkbox"/> 15.4 Short term insurance | <input type="text"/> |

16. In terms of section 63 of the National Credit Act 34 of 2005, a credit provider must make a submission to the National Credit Regulator to make documents available to consumers in at least 2 official languages.

Description of main area in which you operate with reference to area within the province	1	2	3
1st Language	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Language	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If more than 3 areas, add additional pages.)

17. Compliance with section 48(1)(a) and (b) of the National Credit Act.

17.1 Please indicate the Applicant's commitments, if any, made with regard to the Broad Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003) (add additional pages if required)

17.2 Please indicate the Applicant's commitments, if any, made with regard to the combating of over-indebtedness (add additional pages if required)

PART 2 – FINANCIAL INFORMATION

The following financial information must reflect the value of credit agreements as defined in the National Credit Act. It should exclude credit agreements to which the Act does not apply as indicated in Section 4.

- | | |
|---|--------------------------------|
| 1. Net value of loan book as at the end of the most recent financial year end | <input type="text" value="R"/> |
| 2. Total number of credit agreements that made up the loan book as at the end of the most recent financial year | <input type="text"/> |
| 3. Total value (principal debt) of credit agreements entered into during the most recent financial year | <input type="text" value="R"/> |
| 4. Total number of credit agreements entered into during the most recent financial year | <input type="text"/> |

PART 3 - MEMBERS, DIRECTORS, TRUSTEES, PARTNERS AND GENERAL MANAGERS OF THE APPLICANT

- For the purpose of Part 3 and Part 7, refer to the definition of "management or control" in the Regulations.
- 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? (Please tick appropriate box)

A credit bureau	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"/>
A credit repair agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

PART 4 - 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 PROVIDER. (MAKE ADDITIONAL COPIES IF REQUIRED)

- Total number of business premises
 - Total number of branches engaged in normal credit activities
 - Total number of branches engaged in developmental credit

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 – DISQUALIFICATION OF NATURAL PERSONS

THE APPLICANT NEED NOT COMPLETE THIS PART IN THE CASE WHERE THE APPLICANT IS A BANK AS DEFINED IN THE BANKS ACT, ACT NO 94 OF 1990. 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.

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 SAPS69.

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

