

Please note that the information provided in this Assessment Form will only be used to the extent necessary for the purposes of conducting an assessment, to inform the on-boarding process, and to report to the National Credit Regulator (NCR) in terms of the SACRRA's obligations in the Memorandum of Agreement entered into with the NCR, and will do so in accordance with the Protection of Personal Information Act, 4 of 2013 (POPIA).

Assessment Form Data Contributor Details

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		XDS - Xpert Decision Systems
Don't know		Don't use a Credit Bureau
		Don't know

4. Number of Records				
	None (new business)			
	Records between 1-50			
	Records between 51-99			
	Records between 100-250			
Number of consumer accounts / records on file	Records between 251-500			
If 'Don't know', please complete 'Capacity to Develop and Share' section	Records between 501-1000			
	Records between 1001-2500			
	Records between 2501-5000			
	Records greater than 5000			
	Don't know			
5. Industry				
	Secured Banks			
	Retail Apparel			
	Telecommunication			
	Unsecured			
	Life Insurance			
	Non-Life Insurance (short term)			
Industry Category	Other - Debt Collectors or Debt Purchasers			
	Furniture Retail			
	Secured Vehicle Finance			
	Subscription			
	Secured Other Financial Institutions			
	Other (please state below)			
6. Main and/or Owner Contact Details				
Owners / Director / Partners / Members (please provide separate document if required)				
Name:	Name:			
	Title:			
Tel No:	Tel No:			
Fax No:	Fax No:			
Cell No:	Cell No:			
E-mail Address:	E-mail Address:			
Name:	Name:			
Title:	Title:			
Tel No:	Tel No:			
Fax No:	Fax No:			
Cell No:	Cell No:			
E-mail Address:	E-mail Address:			
7. Alternative Contact Details				
Manager / Supervisor / Accountant (please provide separate document if required)				
Name:	Name:			
Title:				
Tel No:	Tel No:			
Fax No:	Fax No:			
Cell No:	Cell No:			
E-mail Address:	E-mail Address:			

8. Service Provider Contact Details			
Secondary Service Provider / Loan Management System			
Service Provider Name:	If applicable:		
Contact person name (1):	Contact person name (2)		
Tel No:	Tel No:		
Cell No:	Cell No:		
E-mail Address:	E-mail Address:		
If applicable:	If applicable:		
Contact person name (3):	Contact person name (4)		
Tel No:	Tel No:		
Cell No:	Cell No:		
E-mail Address:	E-mail Address:		
9. Capacity to develop and share data			
Do you have the capacity or skills to develop an infrastructure to store data in an electronic format and develop an extract of the data according to a data specification and link to a	Yes		
data transfer portal via a web service to submit your files daily and monthly?	No		
Would you consider joining a SSP or LMSV to develop your extract and manage your data	Yes		
submissions on your behalf?	No		
	No capacity to develop / utilise a SSP or LMS		
How long will it take you to develop?	Less than 3 Months		
	0 - 3 Months		
	3 - 6 Months		
	6 - 12 Months		
	More than a year		
	Have no idea		
Are you willing to attend a workshop / training course on the onboarding and submission requirements?	Yes		
	No		
Please submit this Assessment Form to info@sacrra.org.za			
	T: 087 701 3254 E: info@sacrra.org.za or sacrra@sacrra.org.za W: www.sacrra.org.za		