



## Service Provider Access Authorisation Form

Please fill in shaded areas and return a signed copy to SACRRA together with Affiliate Application Form where applicable

Date:

ccyy/mm/dd

Company Name: (The SACRRA Full Member or Associate Member)

Contact Person

Contact number

Confirmation that agreements regarding data storage and protection are in place

Yes / No

(Please clearly delete that which is not applicable)

If No, please indicate reason and plan to ensure this is remedied

SACRRA Full Member's industry (Please mark with X)

Bank	<input type="checkbox"/>	Debt Recovery	<input type="checkbox"/>
Telecoms	<input type="checkbox"/>	Rentals	<input type="checkbox"/>
Retail Furniture	<input type="checkbox"/>	Retail Clothing	<input type="checkbox"/>
Retail Other	<input type="checkbox"/>	Insurance Life	<input type="checkbox"/>
Insurance Short Term	<input type="checkbox"/>	Micro lending	<input type="checkbox"/>
Utility	<input type="checkbox"/>	Security	<input type="checkbox"/>

If not listed, please provide industry description

If Full Member, Supplier Reference Number (SRN) to which access is authorised (Please obtain this number the Full SACRRA Member or contact the SACRRA Office)

If Associate Member, a summary of the On-seller /Re-seller Agreement

<b>Start Date of contract</b>	<b>End Date of Contract</b>

**Company Name (Affiliate Member)**  
 For the SACRRA Office to approve this access, the third party / service provider needs to be a qualifying SACRRA Member.

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<b>Contact Person</b>	<b>Contact number</b>

<b>Service to be provided:</b>				
Analytics or Scorecard development			Contact Centre / Call centre Account Acquisition	
Collections			Insurance / Loan Multi-Quote Platform	
Insurance Broker			Pre-Vetting or Marketing	
Acting on behalf of consumer			On-seller / Re-seller	

**If not listed, please provide a brief description**

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<b>Activity to be conducted (Scope of service)</b>
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[Redacted area]

**Details of type of information to be returned by the Credit Bureau**  
**Batch (own book or full pp), online access, once off or for the period of the contract etc.)**

[Redacted area]

Authorised on behalf of the Affiliate  
*(Full Name)*

[Redacted area]

Signature

[Redacted area]

Date

[Redacted area]