



## **System Operator Authorisation Application Form**

**Name of Institution**

**Company Registration Number**

**Postal Address**

**Physical Address**

**Company Telephone Number**

**Company Web Address**

**Company Contact Person**

**Contact Person E-mail address**

**Contact Person Telephone Number**

**Company VAT Number**

**Name of Person Completing Application Form**



**Capacity/Designation**

**CEO/Director**

**CEO/Director Email Address**

Should any supporting documentation be required by the SARB or PASA, you will be notified.

### **Declaration**

I, duly authorised by the applicant hereby apply on behalf of the applicant for authorisation of the applicant to act as system operator (SO) .

The Applicant:

Operates a system which system is used to provide a service to the persons below in respect of payment instructions; and

- the volumes of which exceed 10,000 (Ten Thousand) transactions/payment instructions per month; and/or
- the value of which exceeds R10,000,000.00 (Ten Million Rand) per month in respect of all the services it is providing.

Client Name

Company Registration Number

1.

2.

NOTE: Please provide the names of your two largest clients.

The applicant provides/will provide such services in respect of the following:

NOTE: Authorisation is required for each payment system in which an entity provides a service in respect of payments instructions



Automated Teller Machine (ATM)		Fleet Card	
American Express Card (AMEX)		Real Time Clearing (RTC)	
Credit Card		Rapid Payments (RP)	
Debit Card		SWIFT	
Diners Club Card			
Debit Card			
Electronic Funds Transfer (EFT) Credits			
Electronic Funds Transfer (EFT) Debits			

NOTE: In the event of providing a service in respect of cards, Certification or Registration by a Card Association is required:

Visa

Mastercard

### Confirmation

I confirm that the applicant conforms to all the requirements as set out in the Criteria for Authorisation to act as System Operator, pursuant to SARB Directive for System Operators No. 2 of 2007 and that I have read and fully understand the Criteria for Authorisation to act as System Operator. I further confirm the following, with regards to:

#### 1. Financial Criteria

A certified copy of the report of the external auditors in respect of the latest financial year will be provided electronically to Preonboarding@pasa.org.za, upon request.

#### 2. Operational and Technical Criteria

- I confirm that the applicant has an appropriate documented business continuity plan.
- I confirm that the applicant has an appropriate documented disaster recovery plan.
- I confirm that the applicant take note of the minimum network and technical requirements applicable to the payment systems the applicant operates in.

Kindly provide a brief overview of the entity's services that are rendered in a System Operator capacity



### 3. Reporting Requirements

I confirm that the applicant will report:

- Any material changes to its management, ownership and nature of business;
- Any other information that the SA Reserve Bank may require from time to time in terms of section 10 of the NPS Act

### 4. Compliance Requirements

*Card Payment Streams*

- PCI DSS
- EMV

*Electronic Payment Streams*

- Abbreviated Name (AEDO, NAEDO, EFT Debit, Debicheck)
- PSSF Membership (AEDO, NAEDO)

*All Payment Systems*

I confirm that the applicant is not involved in any activity that results in the bypass of clearing or sorting-at-source.

### Application Fee

I confirm that the prescribed non-refundable application fee of R10,000.00 (Ten Thousand Rand) and an additional once-off payment of R2,000.00 per payment stream, exclusive of VAT will be paid to PASA upon receipt of an invoice.

### Renewal Fee

An annual renewal fee of R2,000.00 (excluding V.A.T.) will be payable once an invoice has been issued by PASA.

### Expiry

I acknowledge that authorisation, if granted, will be valid for the period indicated on the Authorisation Certificate.



#### Termination

I confirm that the applicant will, if it wishes to discontinue or terminate the provision of services as a SO, notify PASA of its intention to do so at least 3 (three) months before the termination date.

#### Dispute

I confirm that the applicant is aware that any dispute in terms of its application for authorisation as system operator is to be dealt in terms of clause 6 of the Criteria for the Authorisation to Act as a System Operator.

#### General

I acknowledge that, in the event that the applicant fails to meet the criteria and requirements set out in this document, PASA may refuse to authorise the applicant as a SO.

#### **Please note:**

- Completed application forms must be sent to [SO@pasa.org.za](mailto:SO@pasa.org.za); with the subject line: System Operator Application
- Finalisation of an application may take up to 21 business days from receipt of all required information
- The information provided as part of this application will be used by PASA to conduct its vetting of the applicant, prior to making a decision on the granting of authorisation.