

GROUP RISK: LEGAL SERVICES
CONTRACT APPROVAL/SIGN-OFF FORM

Please tick where applicable

Client Information			
Client Status	New <input type="checkbox"/> Current <input type="checkbox"/>		
Client Name			
Client Registration No.			
Client Subscriber number			
Account Executive			
Department			
Nature of Business	Credit Provider	<input type="checkbox"/>	Municipality
	Insurance	<input type="checkbox"/>	Reseller
	Debt Collector	<input type="checkbox"/>	Channel Partner
	Debt Counsellor	<input type="checkbox"/>	
	Other (specify)	<input type="checkbox"/>	
Consent Required (inc items marked with *)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'yes' provide copy of client's consent clause			
15 minute briefing with Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Information/Comments			

Agreement Information			
Agreement Type	NDA		Addendum
	Services Agreement		Tender
	Channel Partner Agreement		RFP/RFQ/RFI
	Reseller Agreement		Data Processing Agreement
	Proposal		Data Supply Agreement
	Other (specify)		
Fees Structure	Pre-Paid <input type="checkbox"/>	Post-Paid <input type="checkbox"/>	
Sector	Fintech <input type="checkbox"/>	Bank <input type="checkbox"/>	
Products / Services Type	New Take-up <input type="checkbox"/> Amendment of existing Product/Service <input type="checkbox"/>		
Description of Products / Services			
Description of Data Required			
Related Agreements (i.e. NDA, LOI etc.)			

***Attach Rate Card applicable here**

- Please include any other information and/or communication held between the parties.

Legal Considerations to Note	
Expected Duration and Termination	
New / Existing/ Joint Intellectual Property	
Exclusivity (<i>client requires Leads to be exclusive to their business</i>)	
Special Conditions	

Sign Off			
Legal Advisor		Compliance Officer/Manager	
Approval		Approval	
Additional Comments		Additional Comments	
Date		Date	

