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**CODI Member Bank Readiness Questionnaire**

**The purpose of this questionnaire is to:**

* Assess the readiness of member banks to report to CODI.
* Understand the guidance and assistance required by member banks to comply with CODI's requirements.
* Establish if there is further information that CODI needs to provide to member banks on the IT Project.

**Important notes**

**Prerequisites for completion of this questionnaire**

* Read the CODI Member Bank Data Handbook.
* Read the single customer view (SCV) calculations document.

**Roles most suited to complete this questionnaire**

* Compliance specialists or the business representatives responsible for compliance with CODI's requirements.
* Data and technology specialists.
* Project management office.

**Completion date and queries**

* The closing date for responses is EOB, Wednesday 22 November 2023
* Email the completed form to [CODISupport@resbank.co.za](mailto:CODISupport@resbank.co.za).
* For further information or clarity required please contact Mr Pregasen Moodley at [Pregasen.Moodley@resbank.co.za](mailto:Pregasen.Moodley@resbank.co.za).

**Please note that it is compulsory for all member banks to complete this questionnaire.**

**Bank Details**

1. Please capture the bank contact details:

|  |  |
| --- | --- |
| Bank Name: | Click here to enter text |
| Bank Physical Address: | Click here to enter text |

**Awareness of member banks’ obligations to CODI**

1. As a member bank, are you aware of your obligation to provide data to CODI monthly from 1 April 2024?

Yes

1. Do you understand what data your bank is required to submit, as outlined in the CODI Member Bank Data Handbook?

Yes

1. Do you understand the guidance provided in the SCV calculations document?

Yes

1. Is your bank able to submit the required data to CODI by 1 April 2024 and monthly thereafter?

Yes

1. Do you have plans in place to ensure that you can submit the required data to CODI?

Yes

1. Are there any constraints to submitting the required data to CODI?

Yes

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| --- |
| *If you answered ‘Yes’, please provide more information on the constraints.* |

**Additional information**

1. Is there any other information you would like to share with the CODI team?

|  |
| --- |
| *Please type your response here* |

1. Is there any information you would like CODI to share on the IT project?

|  |
| --- |
| *Please type your response here* |

1. Please add the name and contact details of the primary person who completed this questionnaire.

|  |  |
| --- | --- |
| Name: | Click here to enter text |
| Role: | Click here to enter text |
| Telephone: | Click here to enter text |
| Email | Click here to enter text |