

Assessment Report

Fidelity Services Group (Pty) Ltd

Assessment dates 15/02/2021 to 19/02/2021 (Please refer to Appendix for details)
Assessment Location(s) Roodepoort (000), Swaziland (013), Midrand (014), Lower Germiston (020)
Report Author Jean-Jacques Jaume
Assessment Standard(s) ISO 9001:2015



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Executive Summary

This was a remote audit due to the National Lockdown that commenced on 26 March 2020.

The audit was done with information requested from Fidelity Security Group and reviewed by the auditor.

The Management System is based the vision to be the pre-eminent provider of integrated services protecting the assets of their clients in Southern Africa and targeting of international markets, through the consistent achievement of excellence in every sphere of security provision and client service.

The company values are focused on their customer needs and continues innovations to ensure the needs of stakeholders are met. Loyalty and integrity is core to their customers and employees and is supported in all their actions

The company mission is to ensure that the client remains the focus and centre of their activities through superior service, which adds value but remains affordable. Operational excellence by investing in employing and developing quality personnel. Staying innovative in the application of technologies and solutions, to remain the market leaders who lead by example.

The management system has shortcomings in the following area as indicated in the non-conformance raised during this assessments:

- ISO 9001:2015 Clause 7.5.3 Control of Documented Information
- ISO 9001:2015 Clause 9.2 Internal Audit

Root cause analysis should be effective in identifying the actual causes of non-conformances for the implementation of corrective actions to mitigate the reoccurrence of identified short comings. Evidence of actions taken should be retained for clearance of NC's.

Corrective Action Plan is to be submitted no later than 27 March 2021.

This report should be read in conjunction with reports for Assessments scheduled for 25 to 29 January 2021 and 08 and 09 March 2021.

Changes in the organization since last assessment

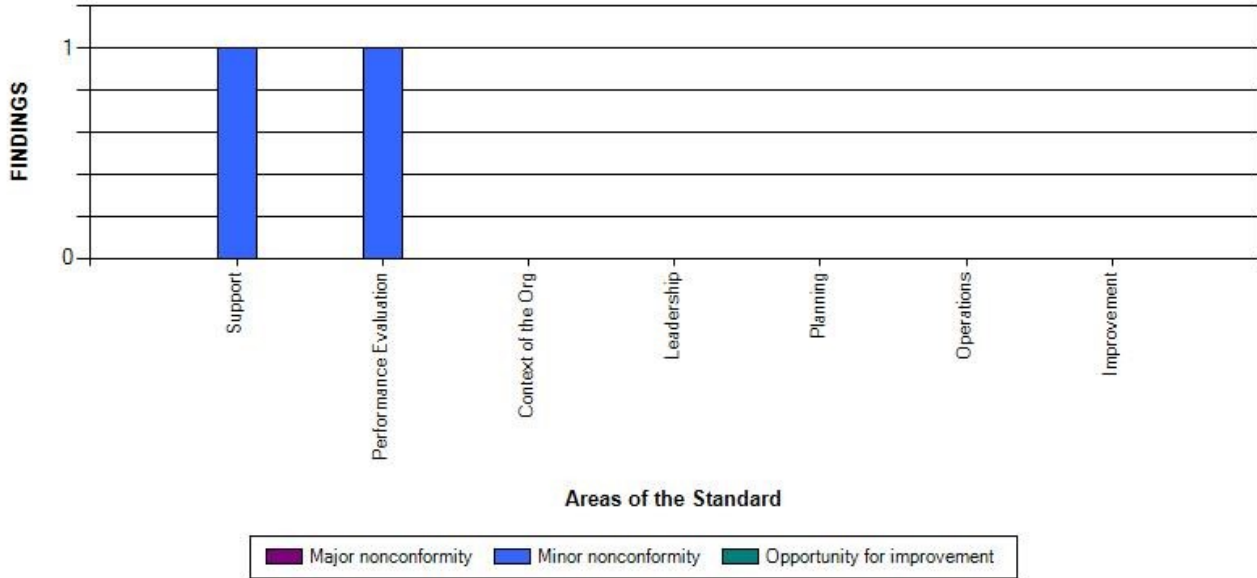
There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

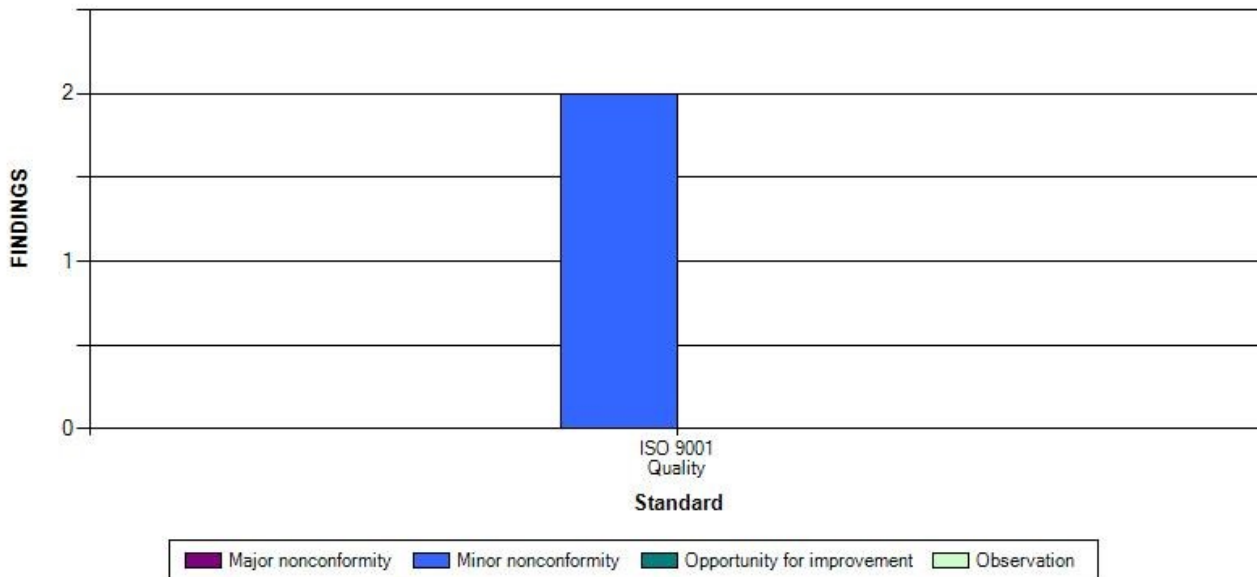
There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

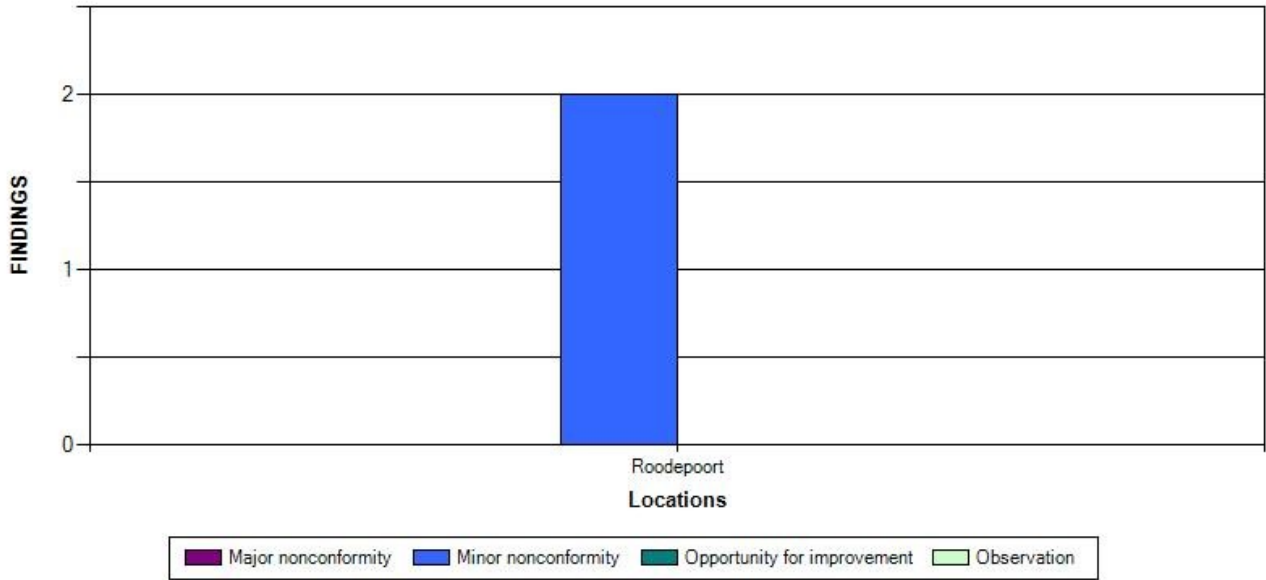
Areas of the standard(s) where BSI recorded findings



Which standard(s) BSI recorded findings against



Where BSI recorded findings



Your next steps

NCR close out process

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

Two (2) minor nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

The objective of the assessment was to conduct a re-assessment of the existing certification to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system.

If this visit is part of a multi-location assessment, the final recommendation will be contingent on the findings from all assessments.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 9001:2015
Fidelity Security Group management system documentation

Statutory and regulatory requirements

The purpose of this assessment is not to verify compliance to any compliance obligations but to verify whether the organization has an effective process to:

- a) determine and have access to the compliance obligations related to its activities products and services;
- b) determine how these compliance obligations apply to the organization and its activities products and services;
- c) take these compliance obligations into account when establishing, implementing, maintaining and continually improving its quality management system.

Statutory and Regulatory requirements monitored by and external service provider ICS that informs Bidvest Steiner when applicable Statutory and Regulatory, which Bidvest Steiner need to comply with, changes. Compliance Verification is done annually as part of the Internal audit process.

It was found that the organization has a formal management system in place to identify applicable legal requirements, interpret and implement these and to verify compliance thereto.

The following documented information was available:

- HOGEO8 Legal Rev 1 dated 01 February 2018 (General Activities, Risk Management)
- HOGEO1 Document Control/Quality Records Rev 2 dated 01 November 2020 (Compliance to Statutory and Regulatory Requirements)

Assessment Participants

| Name | Position | Opening Meeting | Closing Meeting | Interviewed (processes) |
|-------------------|--|-----------------|-----------------|-------------------------|
| Willie Lindeque | Group Quality Assurance Manager | X | X | X |
| Frank Moxham | Quality Assurance Manger | X | X | X |
| Shaun Maharaj | Group Financial Director | X | X | X |
| Risma Du Toit | Claims Administrator | | | X |
| Charl Putter | National Reconciliation Manager | | | X |
| Crystal Meintjies | Fleet Admin | | | X |
| Jennifer Twilley | FCS New Business Development Executive | | | X |

Assessment conclusion

BSI assessment team

| Name | Position |
|--------------------|-------------|
| Jean-Jacques Jaume | Team Leader |

Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for continued certification, based upon the acceptance of a satisfactory corrective action plan for all 'Minor' findings as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

Please submit a plan to BSI detailing the nonconformity, the root cause, correction and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 27/03/2021. If the corrective action plan is not received by this date you may be putting your certification status at risk. Send the plan through the BSI Assurance Portal (if this is enabled for your account) or by email to bsi.za@bsigroup.com, referencing the report number 3137444, 3333925, 3333936, 3369990.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from previous assessments

| | | | |
|---|--|------------------------------|-----------|
| Finding Reference | 1878889-202002-N1 | Certificate Reference | FS 681530 |
| Certificate Standard | ISO 9001:2015 | Clause | 6.2.1 |
| Category | Minor | | |
| Area/Process: | FSS Guarding Branch 470 Durban Central Management System | | |
| Details: | Objectives not defined at relevant levels as required by the standard. | | |
| Objective Evidence: | No Branch specific objectives. | | |
| Cause | | | |
| Branch manager did not understand question asked and was nervous to ask for clarity. | | | |
| Correction/containment | | | |
| Branch specific objectives are available, specific and performance towards their achievement monitored. | | | |
| Corrective action | | | |
| <p>The following documented information was submitted and reviewed:</p> <ul style="list-style-type: none"> - Financial Managers Monthly Exco Report - June 2020 - Final Year End Review 2020 - Final Year Review 2020 2020/2021 Management Incentive - Invitation to Participate dated 31 October 2020 - KwaZulu Natal Durban Region Budget 2020/2021 - KwaZulu Natal Durban Region (Target vs Actual) Justification Region Combined - KwaZulu Natal Durban Region Profit Requirements Monthly Profit vs Targets December 2019 to February 2020 | | | |
| Closed: | | | |
| Yes | | | |

| | | | |
|--|---|------------------------------|-----------|
| Finding Reference | 1878889-202002-N2 | Certificate Reference | FS 681530 |
| Certificate Standard | ISO 9001:2015 | Clause | 8.5.1 |
| Category | Minor | | |
| Area/Process: | FSS Guarding Branch 470 Durban Site Inspection | | |
| Details: | Control of production and service provision not monitored as required by the standard. | | |
| Objective Evidence: | <p>The following was observed during the site survey:</p> <ul style="list-style-type: none"> - Monthly Evaluation Summary (Obsolete Document) - Daily Site Equipment Checklist dated 24 January 2020 (Only done weekly) - Site Equipment Register (Not updated) - Ops Manger not competent/comfortable in the use of Tablet - Contractor doing site Visit/Checks signed OB without checking anything or even entering the site - Equipment Register does not indicate all equipment - Base station not operation | | |
| Cause | | | |
| Operations manager and supervisor neglected to test equipment nor verify site equipment and documentation when site visits were conducted. | | | |
| Correction/containment | | | |
| <p>Monthly evaluation summary will be updated and corrected.</p> <p>Site equipment register has been updated.</p> <p>Radio base station now operational with all portable radios linked to control room.</p> <p>Site instructions have been updated and staff trained</p> | | | |
| Corrective action | | | |
| <p>The following documented information was submitted and reviewed:</p> <ul style="list-style-type: none"> - Updated Equipment Register and Control Sheet - Email Confirming serviceability of Radio dated 05 February 2021 - FSSPR06A Site Security Service Evaluation dated 02 February 2021 - Minutes of Monthly Client Meeting dated 02 February 2021 - Monthly evaluation Summary dated 02 February 2021 - Site Inspection Sheet dated 02 February 2021 | | | |
| Closed: | | | |
| Yes | | | |

| | | | |
|---|--|------------------------------|-----------|
| Finding Reference | 1878889-202002-N4 | Certificate Reference | FS 681530 |
| Certificate Standard | ISO 9001:2015 | Clause | 6.2.1 |
| Category | Minor | | |
| Area/Process: | Fidelity Security Services Western Cape Region Management System | | |
| Details: | Objectives not defined at relevant levels as required by the standard. | | |
| Objective Evidence: | No Branch specific objectives. | | |
| Cause | | | |
| Branch manager did not understand question asked and was nervous to ask for clarity. | | | |
| Correction/containment | | | |
| Branch specific objectives are available, specific and performance towards their achievement monitored. | | | |
| Corrective action | | | |
| <p>The following documented information was submitted and reviewed:</p> <ul style="list-style-type: none"> - Western Cape Region Budget 2020/2021 - Western Cape Budget (Target vs Actual) Justification Region Combined - Western Cape Profit Requirements Monthly Profit vs Targets December 2019 to February 2020 - Financial Managers Monthly Exco Report - June 2020 | | | |
| Closed: | | | |
| Yes | | | |

| | | | |
|---|---|------------------------------|-----------|
| Finding Reference | 1878889-202002-N5 | Certificate Reference | FS 681530 |
| Certificate Standard | ISO 9001:2015 | Clause | 8.5.1 |
| Category | Minor | | |
| Area/Process: | Fidelity Security Services Western Cape Region Site Inspection Nestle Belville | | |
| Details: | Control of production and service provision not monitored as required by the standard. | | |
| Objective Evidence: | <p>The following was observed during the site survey:</p> <ul style="list-style-type: none"> - Use of Breathalyser Process not followed (No alcohol wipes) - Not informing visitors of prohibited items (Firearms, Nestle Products) - Expired PSiRA Certificate on file - No Training records - Various uncontrolled documents | | |
| Cause | | | |
| <p>Site staff neglected to follow instructions in using Breathalyzer and informing visitors about items to be declared. Operations manager neglected to check files and remove outdated documents from files.</p> | | | |
| Correction/containment | | | |
| <p>Site instructions reiterated to all and staff be re-trained to ensure procedures are adhered to and prohibited items be declared. The officer with an expired PSiRA certificate has been advised to renew and a copy retained on file. Old documents will be removed from current files</p> | | | |
| Corrective action | | | |
| <p>Ops Manager ensures staff perform as per site instructions through observation and training. Weekly training on various areas performed and recorded accordingly. Ops Manager reviews training file to ensure training is done and file up to date. On-site staff files are checked monthly to ensure all applicable documents are valid and old documents removed.</p> | | | |
| Closed: | | | |
| Yes | | | |

Findings from this assessment

Fidelity Services Group Swaziland Management System:

Context of the Organization

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Organisation and its Context, Need and Expectations, Scope, Quality Management System)
- FSGHOCON Annexure C Quality Policy Manual and Quality Procedure Manual List Rev 3 dated 01 November 2020
- FSGHOGP Group Profile Rev 2 dated 01 March 2019
- FSGSDCONP Procedure Manual Rev 5 dated 01 November 2020
- FSGSDCOVP Fidelity Services Group Swaziland Quality Procedure Manual Rev 1 dated 01 February 2018

Leadership

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Leadership, Customer Focus and Satisfaction)
- HOGEO4 Management Rev 2 dated 01 February 2018 (Roles and Responsibilities, Limits of Authority, Strategic Development, Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- FSGHOCON Annexure B19 Fidelity Services Group Swaziland Functional Organogram Rev 3 dated 01 November 2020

Documented Information

The following documented information was available:

- HOGEO1 Document Control/Quality Records Rev 2 dated 01 November 2020
- HOGEO1A Document Amendment Memorandum Rev 1 dated 01 February 2018
- HOGEO1B Document Issue Memorandum Rev 1 dated 01 February 2018
- HOGEO1C Distribution List Rev 1 dated 01 February 2018

Resources, Competence, Awareness and Communication

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Communication)
- SECPR03 Recruitment, Selection, Skills Development, Training and Induction Rev 1 dated 1 February 2018
- FSGHOCON Annexure B19 Fidelity Services Group Swaziland Functional Organogram Rev 3 dated 01 November 2020

Customer Satisfaction

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Customer Focus and Satisfaction)
- SECPR06 Client Visits, Site Inspections, Duty Manager, Reaction Officers and Business at Risk Rev 1 dated 01 February 2018
- FSGSDPR01.1 Customer Care Rev 2 dated 01 November 2020

Internal Audit

The following documented information was available:

- HOGEO2 Internal Auditing Rev 1 dated 01 February 2018
- HOGEO2A Monthly Return of Compliance by Branch Manager Rev 2 dated 01 November 2020
- HOGEO4 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)

Management Review

The following documented information was available:

- HOGEO4 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)

Nonconformity and Corrective Action

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Customer Focus and Satisfaction)
- FSGSDPR08 Emergencies, Investigations, Incidents and Client Claims Rev 1 dated 01 February 2018
- FSGSDPR07.2A Incident Report Rev 1 dated 01 February 2018

Continual Improvement

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Continual Improvement)
- HOGEO4 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- FSGSDPR08 Emergencies, Investigations, Incidents and Client Claims Rev 1 dated 01 February 2018
- FSGSDPR07.2A Incident Report Rev 1 dated 01 February 2018

Management System Processes well documented and maintained.

Operations Processes

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Organisational and Quality Management System Changes)
- FSGSDPR01 New Business Development Rev 01 dated 1 February 2018
- FSGSDPR01.1 Customer Care Rev 2 dated 01 November 2020
- FSGSDPR02 Security Surveys, Quotations and Agreements (Guarding) and Service and Installation Agreements (Reaction Services) Rev 1 dated 01 February 2018
- FSGSDPR02.1 Survey Reference Check List Rev 1 dated 01 February 2018
- FSGSDPR03 Recruitment, Selection, Skills Development, Training and Induction Rev 1 dated 1 February 2018
- FSGSDPR04 Preparation and Delivery of Service Rev 1 dated 01 February 2018
- FSGSDPR04.1 Site Instructions Rev 1 dated 01 February 2018 (Sample)
- FSGSDPR04.2 Site Instructions Contents Check List Rev 1 dated 01 February 2018
- FSGSDPR04.3 Example of Covering Letter for Site Instructions Sent Out to Clients for Authorisation Rev 1 dated 01 February 2018
- FSGSDPR05 Technical Department/Sub Contractors (Reaction Services Only) Rev 1 dated 01 February 2018
- FSGSDPR06 Client Visits, Site Inspections, Duty Manager, Reaction Officers and Business at Risk Rev 1 dated 01 February 2018
- FSGSDPR06.1 Armed Response Standing Operational Response Procedure for the Response Department Rev 1 dated 01 February 2018 [Refers to Fidelity Security Services]
- FSGSDPR07 Control Room Rev 1 dated 01 February 2018
- FSGSDPR07.1 Control Room Work Instruction (Guarding) Rev 1 dated 01 February 2018
- FSGSDPR07.1A Control Room Occurrence Book (Sample) Rev 1 dated 01 February 2018
- FSGSDPR07.2 Control Room Work Instruction (Reaction Services) Rev 1 dated 01 February 2018
- FSGSDPR07.2A Incident Report Rev 1 dated 01 February 2018
- FSGSDPR07.2B Service Request Rev 1 dated 01 February 2018
- FSGSDPR07.2C Daily Control Room Check List Rev 1 dated 01 February 2018
- FSGSDPR07.2D Hourly Radio Check List Rev 1 dated 01 February 2018
- FSGSDPR08 Emergencies, Investigations and Client Claims Rev 1 dated 01 February 2018
- FSGSDPR08.1 Strike Contingency Work Instruction Rev 1 dated 01 February 2018
- FSGSDPR08.2 Investigations Work Instruction Rev 1 dated 01 February 2018
- FSGSDPR08.3 Client Claims Work Instruction Rev 1 dated 01 February 2018
- FSGSDPR09 Service Termination Rev 1 dated 01 February 2018
- FSGSDPR10 Operational and Client Equipment Control Rev 2 dated 01 November 2020
- FSGSDPR10.1 Uniform Policy Rev 1 dated 01 February 2018

Operations Records

The following documented information was available:

- FSGSDPR01A Initial Visit - Contact Report Rev 1 dated 01 February 2018
- FSGSDPR01B Potential Client Feedback Rev 1 dated 01 February 2018
- FSGSDPR01C Daily Activity Report Rev 1 dated 01 February 2018
- FSGSDPR01D Weekly Sales Report Rev 1 dated 01 February 2018
- FSGSDPR01E Weekly FSC Terminations Report Rev 1 dated 01 February 2018
- FSGSDPR01F Monthly Sales Report Rev 1 dated 01 February 2018
- FSGSDPR01G Monthly Sales Commission Claim Rev 1 dated 01 February 2018
- FSGSDPR02A Security Survey For Sales And Quotation Purposes Rev 1 dated 01 February 2018
- FSGSDPR02B Costing Sheet Rev 1 dated 01 February 2018
- FSGSDPR03A Manpower Request Form Rev 1 dated 01 February 2018
- FSGSDPR03B Reference Check Rev 1 dated 01 February 2018
- FSGSDPR03C Company/Branch Induction Check List Rev 1 dated 01 February 2018
- FSGSDPR04A Check List for Starting a New Service Rev 1 dated 01 February 2018
- FSGSDPR04B Occurrence Book (Sample) Rev 1 dated 01 February 2018
- FSGSDPR06A Security Report Evaluation A Rev 2 dated 01 February 2019
- FSGSDPR06B Security Report Evaluation B Rev 2 dated 01 February 2019
- FSGSDPR06C Client Visits Monthly Summary Rev 1 dated 01 February 2018
- FSGSDPR06D Analysis Of Service (Information obtained from the Security Reports) Rev 1 dated 01 February 2018
- FSGSDPR06E Day/Night Client Visit Schedule (Management/Supervisor) Rev 1 dated 01 February 2018
- FSGSDPR06F Daily Site Equipment Check Sheet Rev 1 dated 01 February 2018
- FSGSDPR06G After Hour Visit Sheet (Also for use during normal working hours) Rev 1 dated 01 February 2018
- FSGSDPR06H Incident Report Rev 1 dated 01 February 2018
- FSGSDPR06I Vehicle Log Sheet Rev 1 dated 01 February 2018
- FSGSDPR06J Daily Changeover Roster Rev 1 dated 01 February 2018
- FSGSDPR06K Business At Risk Rev 1 dated 01 February 2018
- FSGSDPR08.3A Claims/Incident Notification Rev 1 dated 01 February 2018
- FSGSDPR08A Strike Contingency Planning Document Rev 1 dated 01 February 2018 [Refers to Fidelity Security Services]
- FSGSDPR08B Stay Away Situation Report Rev 1 dated 01 February 2018
- FSGSDPR08C Investigation Diary Rev 1 dated 01 February 2018
- FSGSDPR08D Crime Report Rev 1 dated 01 February 2018
- FSGSDPR08E Client Visit Report Rev 1 dated 01 February 2018
- FSGSDPR09A Site Withdrawal Checklist Rev 1 dated 01 February 2018
- FSGSDPR09B Service Cancellation Form Rev 1 dated 01 February 2018
- FSGSDPR09C Radio Removal/Change Form Rev 1 dated 01 February 2018
- FSGSDPR10A Site Equipment Register Rev 1 dated 01 February 2018
- FSGSDPR10B Reaction Equipment Register Rev 1 dated 01 February 2018
- FSGSDPR10C Uniform Issue Rev 1 dated 01 February 2018

Operational Processes well documented and maintained.

Fidelity Services Group Head Office Helderkruin:

Context of the Organization

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Organisation and its Context, Need and Expectations, Scope, Quality Management System)
- FSGHOCON Annexure C Quality Policy Manual and Quality Procedure Manual List Rev 3 dated 01 November 2020
- FSGHOGP Group Profile Rev 2 dated 01 March 2019

Leadership

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Leadership, Customer Focus and Satisfaction)
- HOGEO4 Management Rev 2 dated 01 February 2018 (Roles and Responsibilities, Limits of Authority, Strategic Development, Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- FSGHOQP Quality Policy and Objectives Rev 4 dated 01 March 2019
- FSGHOCON Annexure B Functional Organograms Rev 3 dated 01 November 2020
- FSGHOFCSQP Quality Policy and Objectives Rev 7 dated 02 March 2020
- Fidelity Cash Solutions Strategic and Quality Objectives - 2019/2020/2021/2022

Documented Information

The following documented information was available:

- HOGEO1 Document Control/Quality Records Rev 2 dated 01 November 2020
- HOGEO1A Document Amendment Memorandum Rev 1 dated 01 February 2018
- HOGEO1B Document Issue Memorandum Rev 1 dated 01 February 2018
- HOGEO1C Distribution List Rev 1 dated 01 February 2018

Documented Information Processes not well documented, maintained and monitored to ensure intended outcomes are achieved. See 2020286-202102-N1, Control of Documented Information raised during this assessment.

Resources, Competence, Awareness and Communication

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Communication)
- SPECPR03 Recruitment, Selection, Skills Development, Training and Induction Rev 1 dated 1 February 2018
- FSGHOCON Annexure B Functional Organograms Rev 3 dated 01 November 2020

Customer Satisfaction

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Customer Focus and Satisfaction)
- SPECPR06 Client Visits, Site Inspections, Duty Manager, Reaction Officers and Business at Risk Rev 1 dated 01 February 2018
- FSSPR01.1 Fidelity Services Group Customer Care Rev 2 dated 01 November 2020
- Customer Care Complaints Tracker for period October 2020 to January 2021

Internal Audit

The following documented information was available:

- HOGE02 Internal Auditing Rev 1 dated 01 February 2018
- HOGE02A Monthly Return of Compliance by Branch Manager Rev 2 dated 01 November 2020
- HOGE04 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- Group Internal Quality Assurance Audit Report CSA Finance Department dated 18 January 2021
- HOGE03A Quality Report OC1 (For findings raised during CSA Finance audit dated 18 January 2021)
- HOGE03A Quality Report OC2 dated 10 February 2021 OC1 (For findings raised during CSA Finance audit dated 18 January 2021)
- Group Quality Assurance Audit Report CSA Credit Control dated 26 January 2021
- HOGE03A Quality Report OC1 (For findings raised during CSA Credit Control audit dated 26 January 2021)
- Group Quality Assurance Audit Report CSA Risk Department dated 03 February 2021
- [No Management System Audit conducted]

Internal Audit Processes not well documented, maintained and monitored to ensure intended outcomes are achieved. See 2020286-202102-N2, Internal Audit raised during this assessment

Management Review

The following documented information was available:

- HOGE04 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- Minutes of FSG Committee Meeting dated 10 June 2020 (Includes Management Review Inputs and Outputs)
- Minutes of FSG Committee Meeting dated 15 September 2020 (Includes Management Review Inputs and Outputs)

Nonconformity and Corrective Action

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Customer Focus and Satisfaction)
- HOGE03A Quality Report OC1 (For findings raised during CSA Finance audit dated 18 January 2021)
- HOGE03A Quality Report OC2 dated 10 February 2021 OC1 (For findings raised during CSA Finance audit dated 18 January 2021)
- HOGE03A Quality Report OC1 (For findings raised during CSA Credit Control audit dated 26 January 2021)

Continual Improvement

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Continual Improvement)
- HOGE04 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)

Management System Processes well documented, maintained and monitored to ensure intended outcomes are achieved.

Sales

The following documented information was available:

- SECMPR01 New Business Development Rev 01 dated 1 February 2018
- SECMPR01.1 Customer Care Rev 2 dated 01 November 2020
- Letter Target Structure 2020/2021 dated 01 March 2020

The following Sales documented information was scrutinised and found to be in order

- Sales Order No 522401 dated 10 November 2020 (Guarding Detail, Contract Dates, Shift Billing, Equipment Detail)
- FSSPR01A 1st/Initial Visit Contact Report Tulisa Park Properties dated November 2020
- Quotation for the Provision of Security Services Tulisa Park Properties dated 09 September 2020
- FSSPR01B Potential Client Feedback for September 2020
- FSSPR01C Daily Activity Report for period 05 to 09 October 2020
- FSSPR01D Weekly Sales Report dated 16 October 2020
- FSSPR01F Monthly Sales Report dated 30 October 2020
- FSSPR01G Monthly Sales Commission Claim for Employee No 1186627 for October 2020

Sales processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

Finance

The following documented information was available:

- HOG07 Finance Rev 1 dated 01 February 2018
- HOG04 Management Rev 2 dated 01 February 2018 (Roles and Responsibilities, Limits of Authority, Strategic Development, Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- HOG04.1 Limits of Authority and Governance Directive Security Services Rev 5 dated 01 October 2018
- FINPP-COV Financial Policies Procedures Rev 2 dated 29 August 2019
- FINPP-B Authorisations, Bank Accounts, Board Packs, Taxation and Card Policy Rev 2 dated 29 August 2019
- FINPP-C Fixed Assets and Capital Expenditure Rev 2 dated 29 August 2019
- FINPP-C Revenue Management Rev 2 dated 29 August 2019
- FINPP-E Credit Control Debtors Rev 2 dated 29 August 2019
- FINPP-F Accounts Payable Rev 2 dated 29 August 2019
- FINPP-G Consumables Rev 2 dated 29 August 2019
- FINPP-H General Ledger Rev 2 dated 29 August 2019
- FINPP-I Operational Finance Rev 2 dated 29 August 2019
- FINPP-J Monitoring & Reaction Services Rev 2 dated 29 August 2019

Fidelity Cash Solutions Midrand:

Context of the Organization

The following documented information was available:

- FSGHOFCSGP Group Profile Ver 4 dated 02 March 2020
- FSGHOFCSSES Executive Summary Rev 6 dated 02 March 2020 (Organisation and its Context, Need and Expectations, Scope, Quality Management System)
- FSGHOFCSCON Annexure A Process Description Rev 03 dated 2nd March 2020

Leadership

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Leadership, Customer Focus and Satisfaction)
- HOGE04 Management Rev 2 dated 01 February 2018 (Roles and Responsibilities, Limits of Authority, Strategic Development, Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- FSGHOFCSCON Annexure B1 Fidelity Services Group Functional Organigram Rev 03 dated 2nd March 2020
- FSGHOFCSCON Annexure B2 Fidelity Services Group (Finance) Functional Organigram Rev 03 dated 2nd March 2020
- FSGHOFCSCON Annexure B3 Fidelity Cash Solutions Functional Organigram Rev 03 dated 2nd March 2020
- HOGE04.1 Limits of Authority and Governance Directive Cash Management Solutions Rev 04 dated 1st October 2018
- FSGHOFCSQP Quality Policy and Objectives Rev 7 dated 02 March 2020
- Fidelity Cash Solutions Strategic and Quality Objectives - 2019/2020/2021/2022

Documented Information

The following documented information was available:

- HOGE01 Document Control/Quality Records Rev 2 dated 01 November 2020
- HOGE01A Document Amendment Memorandum Rev 1 dated 01 February 2018
- HOGE01B Document Issue Memorandum Rev 1 dated 01 February 2018
- HOGE01C Distribution List Rev 1 dated 01 February 2018

Resources, Competence, Awareness and Communication

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Communication)
- FCSRP03 Recruitment Selection Induction Skills Development and Training Rev 05 dated 05 June 2020
- FCSRP03.1 Recruitment Sequence Process Flow Rev 1 dated 05 June 2020
- HOGE05 Human Resources Industrial Relation Rev 1 dated 01 February 2018
- FSGHOFCSCON Annexure B1 Fidelity Services Group Functional Organigram Rev 03 dated 2nd March 2020
- FSGHOFCSCON Annexure B2 Fidelity Services Group (Finance) Functional Organigram Rev 03 dated 2nd March 2020
- FSGHOFCSCON Annexure B3 Fidelity Cash Solutions Functional Organigram Rev 03 dated 2nd March 2020

Customer Satisfaction

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Customer Focus and Satisfaction)

Internal Audit

The following documented information was available:

- HOGE02 Internal Auditing Rev 1 dated 01 February 2018
- HOGE02A Monthly Return of Compliance by Branch Manager Rev 2 dated 01 November 2020
- HOGE04 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)

Internal Audits for Port Elizabeth was scrutinised and the following documented information was available:

- Port Elizabeth (861) Review Internal Audit Report Assets in Transit dated 27 November 2020
- Port Elizabeth (656) Review Internal Audit Report CashPro dated 26 November 2020
- HOGE02B Internal Audit Plan Checklist - AIT - Port Elizabeth 861 period 23 to 26 November 2020

Internal Audits for Germiston was scrutinised and the following documented information was available:

- Germiston (837) Review Internal Audit Report Assets in Transit dated 01 September 2020
- Germiston (639) Review Internal Audit Report Cash Pro dated 21 January 2020
- HOGE02B Internal Audit Plan Checklist - AIT Germiston 837 period 27 and 27 August 2020

Internal Audits for Hermanstad was scrutinised and the following documented information was available:

- Hermanstad (854) Review Internal Audit Report Assets in Transit dated 21 August 2020
- Hermanstad (672) Review Internal Audit Report Cash Pro dated 08 September 2020
- HOGE02B Internal Audit Plan Checklist - AIT Hermanstad period 22to 24 July 2020

Management Review

The following documented information was available:

- HOGE04 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- Minutes of Management Review August 2020

Management System processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

FCS Midrand Transport

The following documented information was available:

- TPP1 Transport Policies and Procedures Section One: Basic Procedures Rev 3 dated 01 March 2019
- TPP2 Transport Policies and Procedures - TPP1 Transport Policies and Procedures Section One: Basic Procedures Rev 3 dated 01 March 2019 Rev 3 dated 01 March 2019
- TPP3 Transport Policies and Procedures Section Three: Cost Control And The Vehicle Management System Procedure (SAP) Rev 3 dated 01 March 2019
- TPP4 Transport Policies and Procedures Section Four: Workshop Procedures Rev 3 dated 01 March 2019
- TPP5 Transport Policies and Procedures Section Five: Company Vehicles Rev 3 dated 01 March 2019
- TPP6 Transport Policies and Procedures Section Six: Hired / Rental Vehicles Rev 1 dated 01 March 2019
- TPP7 Transport Policies and Procedures Section Seven: Fuel Management System At Internal Browsers Rev 1 dated 01 March 2019
- TPP8 Transport Policies and Procedures Section Eight: Motor Vehicle Accidents Rev 3 dated 01 March 2019
- TPP9 Transport Policies and Procedures Section Nine: Legislation Rev 3 dated 01 March 2019
- TPP10 Transport Policies and Procedures Section Ten: Administration And Quality Control Rev 3 dated 01 March 2019
- TPP11 Transport Policies and Procedures Section Eleven Substance Abuse Policy Rev 1 dated 01 March 2019
- TPP12 Transport Policies and Procedures Section Twelve: Documents (Forms, Registers, Reports And Flowcharts) Rev 3 dated 01 March 2019

Vehicle 43679 HP21PPGP was scrutinised and the following information documented information was available on Green Fleet System for period 18 January 2019 to 18 February 2021:

- E-Toll, Fuel Card Interest and Cost, Petrol, Parking/Toll Transaction
- Repair and Maintenance Detail (Quotes, Order and Invoice Detail)
- Vehicle Maintenance Schedule
- Accident Recorded (None)
- All Policies and Forms available

Transport processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

FCS Midrand New Business Development

The following documented information was available:

- FCSPR01 New Business Development and On Boarding Rev 3 dated 4th October 2019
- FCSPR01 New Business Development and On Boarding Rev 4 Draft
- FCSPR01.3 New Business Development – Business Plan and Targets Flow Rev 1 Draft
- FCSPR01.4 New Business Development – Sales Process Flow Rev 1 Draft
- FCSPR01A Weekly FCS Terminations Rev 3 Draft
- FCSPR01B Monthly Sales Commission Claim Rev 3 Draft
- FCSPR01C Monthly Lead Fee Claim
- Sales Management Toolkit – System – Microsoft Teams

Account No 0847 was scrutinised and the following documented information was available:

- Captured on Sales versus Target Year to Date Report
- Captured on CashMaster Billing File
- Quote No 19151 dated 02 February 2021

- Quote No 17807 was scrutinised and the following documented information was available:
- Quote No 17807 dated 13 November 2020
- Main Agreement dated 13 November 2020 [Only 1 witness]
- Cash Pro (Device) Sales Order No 1747052 dated 16 November 2020
- CIT (Device) Sales Order No: 1747051 dated 16 November 2020
- Client List of Branches date 20 November 2020
- Credit application dated 23 November 2020
- Client Confirmation of account details dated 20 November 2020
- Registrar of Companies CM22 dated 21 November 2005
- SARS VAT 103 dated 01 September 2004
- AVS Real time account verification dated 02 December 2020
- Warehouse IBT Requisition CashMaster IBR No IBR05161 dated 16 November 2020
- Sales Checklist [Not dated]
- Commission Claims Form
- Monthly Sales Commission Claim

New Business Development processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

FCS Midrand Debtors and Creditors

The following documented information was available:

- FINNPP-E Financial Policies and Procedure – Section E – Credit Control – Debtors Rev 2 dated 29th August 2019
- FINNPP-F Financial Policies and Procedure – Section F – Accounts Payable Rev 2 dated 29th August 2019

ATM Reconciliations Head Office

The following documented information was available:

- FCSPR06.10 ATM Reconciliations Head Office Rev 1 dated 1st November 2018

Client Net 1 was scrutinised and the following documented information was available:

- Net 1 ATM Additional Cash Order dated 11 February 2021
- Float Report February 2021 (Float Movement)
- EC Laundering Schedule
- Consolidated Flout Report as at Midnight 12 February 2021
- ATM Load to Unload Report

ATM Reconciliations processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

ATM Operations Head Office

The following documented information was available:

- FCSPR07.24 ATM Operations Head Office Rev 1 dated 4th October 2019
- FCSPR07.24A ATM Operations Training Register Rev 1 dated 4th October 2019
- Sample of ATM Operations Training Registers

Claims

The following documented information was available:

- FCSPR08.5 Claims Rev 3 dated 1st November 2018

Claim ID CIT/C13515 was scrutinised and the following documented information was available:

- Claims Registered on ICBM System
- Claims Registered on ICBM System dated 07 March 2020 (Docket No, Claims Category, Claim Value, FSS Investigator, SAPS Information, Claims Status, Provision, Payments)
- Proof of Ownership dated 20 and 21 March 2020 (Deposit, Collection Slip)
- Proof of Quantum dated 21 March 2020 (Deposit, Collection Slip)
- Initial Investigation Report dated 21 March 2020
- Investigation Report dated 12 June 2020
- Various Statement from Persons Interviewed
- Various Poly Graph Reports dated 20 May 2020

ATM Claims processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

Fidelity Cash Solutions Gauteng Province Germiston:

Context of the Organization

The following documented information was available:

- FSGHOES Executive Summary 4 dated 01 March 2019 (Organisation and its Context, Need and Expectations, Scope, Quality Management System)
- FSGHOGP Group Profile Rev 2 dated 01 March 2019

Leadership

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Leadership, Customer Focus and Satisfaction)
- HOGE04 Management Rev 2 dated 01 February 2018 (Roles and Responsibilities, Limits of Authority, Strategic Development, Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- FSGHOFCSQP Quality Policy and Objectives Rev 7 dated 02 March 2020
- FSGHOFCSCON Annexure B3 Fidelity Cash Solutions Functional Organogram Rev 3 dated 02 March 2020
- Germiston Branch Organogram dated 31 January 2021

Objectives

The following documented information was available:

- Gauteng Region FCS Strategic and Quality Objectives 2019-2022

Documented Information

The following documented information was available:

- HOGE01 Document Control/Quality Records Rev 2 dated 01 November 2020
- HOGE01A Document Amendment Memorandum Rev 1 dated 01 February 2018
- HOGE01B Document Issue Memorandum Rev 1 dated 01 February 2018
- HOGE01C Distribution List Rev 1 dated 01 February 2018

Resources, Competence, Awareness and Communication

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Communication)
- FSSPR03 Recruitment, Selection, Skills Development, Training and Induction Ver 1 dated 01 February 2018
- FSGHOFCSCON Annexure B3 Fidelity Cash Solutions Functional Organogram Rev 3 dated 02 March 2020
- Germiston Branch Organogram dated 31 January 2021

Internal Audit

The following documented information was available

- HOGE02 Internal Auditing Rev 5 dated 01 November 2020
- HOGE02A Monthly Return of Compliance by Branch Manager Rev 2 dated 01 November 2020
- HOGE04 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)

Internal Audits for Germiston was scrutinised and the following documented information was available:

- Germiston (837) Review Internal Audit Report Assets in Transit dated 01 September 2020
- Germiston (639) Review Internal Audit Report Cash Pro dated 21 January 2020
- HOGE02B Internal Audit Plan Checklist - AIT Germiston 837 period 27 and 27 August 2020
- HOGE02B Internal Audit Plan Checklist - AIT Germiston 837 period December 2020 to February 2021
- HOGE03A Quality Report for NC's raised during Internal Audit

Management Review

The following documented information was available:

- HOGEO4 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)
- Minutes of Weekly Risk Meetings dated 27 November 2020, 15 and 22 January 2021
- MOS Feedback Germiston December 2020 Review

Continual Improvement

The following documented information was available:

- FSGHOES Executive Summary Ver 4 dated 01 March 2019 (Continual Improvement)
- HOGEO4 Management Rev 2 dated 01 February 2018 (Analysis of Data, Management Reviews, Internal Auditing, Preventive Action)

Performance Evaluation processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

Control Room and Access Control

The following documented information was available:

- FCSPR04 Control Room Rev 2 dated 01 June 2018 (Rev 3 under review)
- FCSPR04C Daily Log Sheets Rev 2 dated 04 October 2018
- FCSPR04D Missed Client Register Rev 2 dated 04 October 2018
- FCSPR04F One-Time Code Register Rev 2 dated 04 October 2018
- FCSPR05.1.1 Dispatching to a Schedule Rev 1 dated 10 January 2020
- FCSPR07 Operations Rev 4 dated 04 October 2019 (Rev 5 under review)
- FCSPR07A Vehicle Security Checklist Rev 2 dated 01 June 2018
- FCSPR07B Vehicle Exit Permit
- FCSPR07C Duty Roster Rev 1 dated 04 October 2019
- FCSPR08B Management Daily Checklists Rev 2 dated 01 November 2018
- FCSPR08C Management Weekly Checklists Rev 2 dated 01 November 2018
- FCSPR08.7 Branch Access Control Rev 5 dated 05 June 2020
- FCSPR08.7A Request for Access Rev 4 dated 05 June 2020

The following Control Room and Access Control documented information was scrutinised and found to be in order:

- Daily Duty Rosters Germiston AIT for period 20 January to 02 February 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR4 dated 15 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR7 dated 15 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR16 dated 15 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAD3 dated 26 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR10 dated 26 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR13 dated 26 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR4 dated 28 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR8 dated 28 January 2021
- Summary Master Routes Vehicle Schedules and Log Sheet Route OAR12 dated 28 January 2021
- FCSPR04D Missed Client Register for period 01 to 05 January 2021
- FCSPR08B Management Daily Checklists Nov 2020 to Jan 2021
- FCSPR08C Management Weekly Checklists Nov 2020 to Jan 2021
- FCSPR07A Vehicle Security Checklist Fleet No 44641 dated 28 January 2021
- FCSPR07A Vehicle Security Checklist Fleet No 42695 dated 28 January 2021
- FCSPR07A Vehicle Security Checklist Fleet No 43910 dated 28 January 2021
- FCSPR07B Exit Permit Fleet No 44641 dated 28 January 2021
- FCSPR07B Exit Permit Fleet No 42695 dated 28 January 2021
- FCSPR07B Exit Permit Fleet No 43910 dated 28 January 2021
- FCSPR04F One Time Code (OTC) Registers for 27 Oct 2020, 05 Dec 2020, 19 Jan 2020 and 30 Jan 2020

Control Room and Access Control processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

Vault and Box Room

The following documented information was available:

- FCSPR05 Vault and Box Room Rev 4 dated 10 January 2020 (Rev 5 under review)
- FCSPR05.1.1 Dispatching to a Schedule Rev 1 dated 10 January 2020
- FCSPR05.1.10 Printing Transtrack Barcoded Rev 1 dated 10 January 2020
- FCSPR05.1.2 Receiving from a Schedule Rev 1 dated 10 January 2020
- FCSPR05.3 Bulk Receipt Book Rev 2 dated 01 June 2018
- FCSPR05.4 Manual Receipt Book Working Instruction Rev 2 dated 01 June 2018
- FCSPR07.2 Identity Cards Rev 3 dated 05 June 2020
- FCSPR07.2B ID Card Register Rev 3 dated 04 October 2018
- FCSPR07.2 Identity Cards Rev 3 dated 05 June 2020
- FCSPR07.2B ID Card Register Rev 3 dated 04 October 2018
- FCSPR08.2 Vehicle Security Rev 2 dated 01 June 2018
- FCSPR08.2A Vehicle Security Key Register Rev 3 dated 04 October 2018
- FCSPR08.3 Client Key Control Rev 2 dated 01 June 2018
- FCSPR08.3C Client Duplicate Key Register Rev 2 dated 01 June 2018

The following Vault and Boxroom documented information was scrutinised and found to be in order:

- FCSPR08.3C Client Duplicate Key Cabinet Registers 25 January to 06 February 2021
- FCSPR07.2B ID Card Register dated 04, 07 December 2020 and 09 January 2021
- FCSPR08.2A Vehicle Security Key Register dated 05 December 2020

Vault and Boxroom processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

Cash Processing Centre

The following documented information was available:

- FCSPR06 Cash Processing Centre Rev 3 dated 04 October 2019
- FCSPR06.1 Cameos Cash Processing Work Instruction Rev 2 dated 01 November 2018
- FCSPR06.5 Manual Banking Work Instruction Rev 2 dated 01 November 2018
- FCSPR06.7 ATM Management Rev 2 dated 01 November 2018
- FCSPR06L Daily Refuse Register Rev 1 dated 01 November 2018
- FCSPR06A Calibration Register Rev 2 dated 01 November 2018
- FCSPR06G Teller Sheets Rev 1 dated 01 November 2018
- FCSPR06M Refuse Removal Register Rev 1 dated 01 November 2018
- FCSPR07.4 ATM Solutions Key Marshall Work Instruction Rev 2 dated 01 November 2018
- FCSPR07.5 ATM Solutions Custodian Work Instruction Rev 1 dated 01 November 2018
- FCSPR08.1 Branch Security Rev 2 dated 01 June 2018
- FCSPR08.1E CCTV Checklist Rev 3 dated 04 October 2018
- Cash Processing I-Cash User Manual Rev 1 dated January 2021
- Cash Processing I-Cash Client Pre-Announcement Administrator Manual Rev 1 dated January 2021
- Cash Processing I-Cash Client Pre-Announcement User Manual - Single Deposits Rev 1 dated January 2021
- Cash Processing I-Cash Client Pre-Announcement User Manual - Multi Deposit Rev 1 dated January 2021
- Cash Processing I-Cash Client Pre-Announcement User Manual - Multi Account Rev 1 dated January 2021

The following Cash Processing Centre documented information was scrutinised and found to be in order:

- FCSPR06A Calibration Register for Period 16 November 2020 to 15 January 2021
- FCSPR06M Refuse Removal Registers for period 23 November 2020 to 04 February 2021
- FCSPR08.1E CCTV Checklist for period 23 November 2020 to 04 January 2021
- FCSPR06G Teller Sheets for period November 2020 to January 2021 (Various Clients)
- Occurrence Book No 40243752/3/5/7 Entries of Shortages and Surpluses period 27 November 2020 to 08 January 2021

Cash Processing Centre processes well implemented, maintained and monitored to ensure intended outcomes are achieved.

Two (2) Minor nonconformities arising from this assessment.

| | | | |
|--------------------------------------|--|------------------------------|-----------|
| Finding Reference | 2020286-202102-N1 | Certificate Reference | FS 681530 |
| Certificate Standard | ISO 9001:2015 | Clause | 7.5.3.2 |
| Category | Minor | | |
| Area/Process: | Fidelity Services Group Head Office Helderkruin | | |
| Statement of non-conformance: | Control of documented information does not meet the requirements of the Standard | | |
| Clause requirements | <p>For the control of documented information, the organization shall address the following activities, as applicable:</p> <ul style="list-style-type: none"> a) distribution, access, retrieval and use; c) control of changes (e.g. version control); d) retention and disposition. <p>Documented information retained as evidence of conformity shall be protected from unintended alterations.</p> | | |
| Objective Evidence | <p>FSS Gauteng Province Robertville: HR File for Employee No 1303716 contained Uncontrolled/Out dated Documents Inspection documents for 22 November 2020 contained Uncontrolled/Out dated Documents Site File for Clearwater Mall contained Uncontrolled/Out dated Documents</p> | | |
| Cause | | | |
| Correction/containment | | | |
| Corrective action | | | |

| | | | |
|--------------------------------------|---|------------------------------|-----------|
| Finding Reference | 2020286-202102-N2 | Certificate Reference | FS 681530 |
| Certificate Standard | ISO 9001:2015 | Clause | 9.2.1 |
| Category | Minor | | |
| Area/Process: | Fidelity Services Group Head Office Helderkruijn | | |
| Statement of non-conformance: | Internal Audits do not meet the requirements of the Standard. | | |
| Clause requirements | <p>The organization shall conduct internal audits at planned intervals to provide information on whether the quality management system:</p> <p>a) conforms to:</p> <p>1) the organization's own requirements for its quality management system;</p> <p>2) the requirements of this International Standard;</p> <p>b) is effectively implemented and maintained.</p> | | |
| Objective Evidence | Although various operational (organization's own requirements) audits were conducted no management system (requirements of this International Standard) were conducted. | | |
| Cause | | | |
| | | | |
| Correction/containment | | | |
| | | | |
| Corrective action | | | |
| | | | |

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to ensure the elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 9001:2015
Fidelity Security Group management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Next Visit Plan

| Date | Auditor | Time | Area/Process | Clause |
|------------|------------|-------|--|----------------------|
| 21/02/2022 | Assessor 1 | 08:30 | Opening Meeting | |
| 21/02/2022 | | 09:00 | FSG Helderkrui Management System (Context of the Organization, Leadership, Policy, Organizational Roles, Responsibilities and authorities, Risks and Opportunities, Quality Objectives, Change Management, Competence, Awareness and Communication, Documented Information, Customer satisfaction, Analysis and Evaluation, Internal Audit, Management Review, Nonconformity and Corrective Action, Continual Improvement) | 4, 5, 6, 7, 8, 9, 10 |
| 21/02/2022 | | 13:00 | Lunch | |
| 21/02/2022 | | 13:30 | FSG Helderkrui Human Resources | 4, 5, 6, 7, 8, 9, 10 |
| 22/02/2022 | | 08:30 | FSG Helderkrui NCC Control Room | 4, 5, 6, 7, 8, 9, 10 |
| 22/02/2022 | | 10:00 | FSG Helderkrui Legal | 4, 5, 6, 7, 8, 9, 10 |
| 22/02/2022 | | 11:30 | FSG Helderkrui Risk | 4, 5, 6, 7, 8, 9, 10 |
| | | 13:00 | Lunch | |
| 22/02/2022 | | 13:30 | FSG Helderkrui Procurement Asset & Management | 4, 5, 6, 7, 8, 9, 10 |
| 23/02/2022 | | 08:30 | FCS Midrand Management System (Context of the Organization, Leadership, Policy, Organizational Roles, Responsibilities and authorities, Risks and Opportunities, Quality Objectives, Change Management, Competence, Awareness and Communication, Documented Information, Customer satisfaction, Analysis and Evaluation, Internal Audit, Management Review, Nonconformity and Corrective Action, Continual Improvement) | 4, 5, 6, 7, 8, 9, 10 |
| | | 13:00 | Lunch | |
| 23/02/2022 | | 13:30 | FCS Midrand HR and Recruitment | 4, 5, 6, 7, 8, 9, 10 |
| 24/02/2022 | | 08:30 | FCS Midrand Investigations and Claims | 4, 5, 6, 7, 8, 9, 10 |
| 24/02/2022 | | 10:00 | FCS Midrand ATM Management and Reconciliations | 4, 5, 6, 7, 8, 9, 10 |
| | | 13:00 | Lunch | |
| 24/02/2022 | | 13:30 | FCS Midrand Billing and Creditors | 4, 5, 6, 7, 8, 9, 10 |
| 25/02/2022 | | 08:30 | Site 11: FSS Mpumalanga/Northern Province Region, Robertville (Management System & Operations) | 4, 5, 6, 7, 8, 9, 10 |

| Date | Auditor | Time | Area/Process | Clause |
|------------|---------|-------|---|----------------------|
| 28/02/2022 | | 08:30 | Site 6: FCS KZN Coastal and Inland Region, New Germany (Management System and Operations) | 4, 5, 6, 7, 8, 9, 10 |
| 01/03/2022 | | 08:30 | Site 8: FSS KwaZulu Natal Region, Durban (Management System and Operations) | 4, 5, 6, 7, 8, 9, 10 |
| 03/03/2022 | | 08:30 | Site 5: FSS Western Cape Region, Cape Town (Management System & Operations) | 4, 5, 6, 7, 8, 9, 10 |
| 02/03/2022 | | 08:30 | Site 13: FSS Secureco Metsu, Durban (Management System and Operations) | 4, 5, 6, 7, 8, 9, 10 |
| 04/03/2022 | | 08:30 | Site 7: FCS Western & Northern Cape Region, Parow, Cape Town (Management System & Operations) | 4, 5, 6, 7, 8, 9, 10 |
| 07/03/2022 | | 08:30 | Site 5: FCS Free State, Northern Cape, and North West Region, Bloemfontein (Management System and Operations) | 4, 5, 6, 7, 8, 9, 10 |
| 08/03/2022 | | 08:30 | Site 4: FCS Limpopo Region, Polokwane (Management System and Operations) | 4, 5, 6, 7, 8, 9, 10 |

Appendix: Your certification structure & ongoing assessment programme

Scope of Certification

FS 681530 (ISO 9001:2015)

Provision of Services for the Guarding of Assets and Property.
 Provision of Cash Management Services and End to End Cash Handling Solutions

Assessed location(s)

The audit has been performed at Permanent Locations.

Roodepoort / FS 681530 (ISO 9001:2015)

| | |
|--|--|
| Location reference | 0047653747-000 |
| Address | Fidelity Services Group (Pty) Ltd Fidelity Corporate Park 104D Mimosa Road Helderkruijn Roodepoort South Africa |
| Visit type | Re-certification Audit (RA Opt 2) |
| Assessment reference | 3137444 |
| Assessment dates | 15/02/2021 |
| Deviation from Audit Plan | No |
| Total number of Employees | 226 |
| Effective number of Employees | 151 |
| Scope of activities at the site | The provision of services for the guarding of assets and property |
| Assessment duration | 0.5 day(s) |

Midrand / FS 681530 (ISO 9001:2015)

| | |
|--|---|
| Location reference | 0047653747-014 |
| Address | Fidelity Cash Solutions (Pty) Block C, Ulwazi Business Park 505 15th road Randjiespark Midrand Gauteng 1685 South Africa |
| Visit type | Re-certification Audit (RA Opt 2) |
| Assessment reference | 3333925 |
| Assessment dates | 17/02/2021 |
| Deviation from Audit Plan | No |
| Total number of Employees | 209 |
| Effective number of Employees | 140 |
| Scope of activities at the site | Provision of cash management services and end to end cash handling solutions |
| Assessment duration | 2 day(s) |

Swaziland / FS 681530 (ISO 9001:2015)

| | |
|--|--|
| Location reference | 0047653747-013 |
| Address | Fidelity Security Group (Pty) Ltd Fidelity Services Group Swaziland Mshengu road Mbabane Swaziland Eswatini |
| Visit type | Re-certification Audit (RA Opt 2) |
| Assessment reference | 3333936 |
| Assessment dates | 15/02/2021 |
| Deviation from Audit Plan | No |
| Total number of Employees | 15 |
| Effective number of Employees | 5 |
| Scope of activities at the site | The provision of services for the guarding of assets and property |
| Assessment duration | 0.5 day(s) |

Lower Germiston / FS 681530 (ISO 9001:2015)

| | |
|--|--|
| Location reference | 0047653747-020 |
| Address | Fidelity Cash Solutions (Pty) Ltd Gauteng 9 Dimitri Street Jupiter Lower Germiston South Africa |
| Visit type | Re-certification Audit (RA Opt 2) |
| Assessment reference | 3369990 |
| Assessment dates | 19/02/2021 |
| Deviation from Audit Plan | No |
| Total number of Employees | 47 |
| Effective number of Employees | 16 |
| Scope of activities at the site | Provision of cash management services and end to end cash handling solutions |
| Assessment duration | 1 day(s) |

Certification assessment program

Certificate Number - FS 681530

Location reference - 0047653747-000

| | | Audit1 | Audit2 | Audit3 |
|--|-------------------------|---------------|---------------|---------------|
| Business area/Location | Date (mm/yy): | 02/21 | 02/22 | 02/23 |
| | Duration (days): | 12 | 13,5 | 12 |
| Opening Meeting | | X | X | X |
| Management Interview | | X | | |
| FSG Helderkrui Management System (Context of the Organization, Leadership, Policy, Organizational Roles, Responsibilities and authorities, Risks and Opportunities, Quality Objectives, Change Management, Competence, Awareness and Communication, Documented Information, Customer satisfaction, Analysis and Evaluation, Internal Audit, Management Review, Nonconformity and Corrective Action, Continual Improvement) | | X | X | X |
| FSG Helderkrui Sales & Marketing | | X | | X |
| FSG Helderkrui Finance & Credit Control | | X | | X |
| FSG Helderkrui Human Resources | | | X | |
| FSG Helderkrui NCC Control Room | | | X | |
| FSG Helderkrui Legal | | | X | |
| FSG Helderkrui Tenders | | | | X |
| FSG Helderkrui IT Support | | | | X |
| FSG Helderkrui Risk | | | X | X |
| FSG Helderkrui Procurement Asset & Management | | | X | |
| FCS Midrand Management System (Context of the Organization, Leadership, Policy, Organizational Roles, Responsibilities and authorities, Risks and Opportunities, Quality Objectives, Change Management, Competence, Awareness and Communication, Documented Information, Customer satisfaction, Analysis and Evaluation, Internal Audit, Management Review, Nonconformity and Corrective Action, Continual Improvement) | | X | X | X |
| FCS Midrand HR and Recruitment | | | X | |
| FCS Midrand Transport | | X | | X |
| FCS Midrand Investigations and Claims | | X | X | X |
| FCS Midrand ATM Management and Reconciliations | | X | X | X |
| FCS Midrand New Business Development | | X | | X |
| FCS Midrand Billing and Creditors | | | X | |

| | | Audit1 | Audit2 | Audit3 |
|---|-------------------------|---------------|---------------|---------------|
| Business area/Location | Date (mm/yy): | 02/21 | 02/22 | 02/23 |
| | Duration (days): | 12 | 13,5 | 12 |
| Site 11: FSS Mpumalanga/Northern Province Region, Robertville (Management System and Operations) | | | X | |
| Site 6: FCS KZN Coastal and Inland Region, New Germany (Management System and Operations) | | | X | |
| Site 8: FSS KwaZulu Natal Region, Durban (Management System and Operations) | | | X | |
| Site 13: FSS Secureco Metsu, Durban (Management System and Operations) | | X | X | |
| Site 5: FSS Western Cape Region, Cape Town (Management System & Operations) | | | X | |
| Site 7: FCS Western & Northern Cape Region, Parow, Cape Town (Management System & Operations) | | | X | |
| Site 4: FCS Limpopo Region, Polokwane (Management System and Operations) | | | X | |
| Site 5: FCS Free State, Northern Cape, and North West Region, Bloemfontein (Management System and Operations) | | | X | |
| Site 6: FSS Eastern Cape Region, Port Elizabeth (Management System and Operations) | | | | X |
| Site 2: FCS Gauteng/Free State Region Germiston (Management System and Operations) | | X | | X |
| Site 3: FCS Gauteng North/North West and Mpumalanga Region, Hermanstad (Management System and Operations) | | X | | X |
| Site 8: FCS Eastern Cape Region, Port Elizabeth (Management System and Operations) | | X | | X |
| Site 1: Payroll Eastern Cape, Roodepoort (Management System) | | X | | |
| Site 2: Secureco Roodepoort (Management System) | | X | | |
| Site 3: CSG Guarding Roodepoort (Management System) | | X | | |
| Site 4: FSS Gauteng Region, Robertville (Management System and Operations) | | X | | X |
| Site 7: FSS Free State/Northern Cape Region, Silvertondale (Management System and Operations) | | X | | X |
| Site 12: FSS Eyethu, Kimberly (Management System and Operations) | | X | | |
| Site 14: Fidelity Services Group Swaziland, Mbabane (Management System and Operations) | | X | | X |

Certificate Number - FS 681530
Location reference - 0047653747-014

| | | Audit1 |
|-------------------------------|-------------------------|--------|
| Business area/Location | Date (mm/yy): | |
| | Duration (days): | |
| Part of Sampling Plan | | |

Justified exclusions / non applicable clauses

Exclusions of the standard are not permitted for certificate: FS 681530

Mandatory requirements – re-certification

Review of assessment finding regarding conformity, effectiveness and relevance of the management system:

The management system has shortcomings in the following areas as indicated in the non-conformances raised during this and previous assessments:

- ISO 9001:2015 Clause 5.2.2 Communicating the Quality Policy (April 2018)
- ISO 9001:2015 Clause 6.2 Quality objectives and planning to achieve them (April 2018, February 2020)
- ISO 9001:2015 Clause 7.5.2 Creating and Updating Documented Information (April 2018)
- ISO 9001:2015 Clause 7.5.3 Control of documented information (April 2018, February 2020)
- ISO 9001:2015 Clause 8.1 Operational Planning and Control (April 2018)
- ISO 9001:2015 Clause 8.5.1 Control of Production and Service Provision (April 2019, February 2020)
- ISO 9001:2015 Clause 9.2 Internal Audits (April 2018)
- ISO 9001:2015 Clause 10.2 Nonconformity and Corrective Action (April 2018, April 2019)

Management system strategy and objectives:

- FSGHOQP Quality Policy and Objectives Rev 4 dated 01 March 2019
- Eastern Cape AIT Strategic Objectives 2020/2021
- FSGHOFCSQP Quality Policy and Objectives Rev 7 dated 02 March 2020
- Fidelity Cash Solutions Strategic and Quality Objectives - 2019/2020/2021/2022

Review of progress in relation to the organisation's objectives:

- FSGHOQP Quality Policy and Objectives Rev 4 dated 01 March 2019
- Eastern Cape AIT Strategic Objectives 2020/2021
- FSGHOFCSQP Quality Policy and Objectives Rev 7 dated 02 March 2020
- Fidelity Cash Solutions Strategic and Quality Objectives - 2019/2020/2021/2022

Review of assessment progress and the re-certification plan:

The following Areas were assessed:

- Fidelity Services Group Management System (4, 5, 6, 7, 8, 9, 10)
- Interview with General Manager (4, 5, 6, 7, 8, 9, 10)
- Fidelity Services Group - Fidelity Security Services Management System (4, 5, 6, 7, 8, 9, 10)
- Fidelity Services Group - Fidelity Security Services Operations (4, 5, 6, 7, 8, 9, 10)
- Fidelity Services Group - Fidelity Cash Solutions Operations (4, 5, 6, 7, 8, 9, 10)
- Fidelity Services Group - Fidelity Cash Solutions Management System (4, 5, 6, 7, 8, 9, 10)

BSI Client Management Impartiality and Surveillance Strategy:

All P and T codes appropriate, and included in assessment team

Continue with the current Total assessment days / Cycle.

Expected outcomes for accredited certification

What accredited certification to ISO 9001 means

ISO 9001:2015 specifies requirements for a quality management system when an organization: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

What accredited certification to ISO 9001 does not mean

1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.

2) ISO 9001 accredited certification does not imply that the organization is providing a superior Product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

How to contact BSI

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number (47653747/FS 681530).

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

<https://www.bsigroup.com/en-ZA/Contact-us/>

Notes

This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organisation, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organisation and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

Regulatory compliance

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.