

Application Form

Entity details

Entity Name:	_____		
Trading as Name:	_____		
Entity Registration No:	_____	VAT Registration No:	_____
Physical address:	_____	Postal address:	_____
	_____		_____
	_____		_____
Code:	_____	Code:	_____
Tel:	_____	Fax:	_____

Contact details

Member/ Director:	_____	Alternative person:	_____
ID No:	_____	Tel:	_____
Tel:	_____	Email:	_____
Cell:	_____	Additional note:	_____
Email:	_____		

Entity information

Type of Entity:		
Sole Proprietor	<input type="checkbox"/>	Partnership
Private Company	<input type="checkbox"/>	Closed Corporation
Limited Company	<input type="checkbox"/>	Trust
Co-Operations	<input type="checkbox"/>	Joint Venture
Section 21 Company	<input type="checkbox"/>	Section 53 Company

Sector Entity operates in:	
Agriculture	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>
Construction:	
Contractor	<input type="checkbox"/>
Building Environment Professional	<input type="checkbox"/>
Transport (or related activities)	<input type="checkbox"/>
Catering, Accommodation (Tourism & other such trade)	<input type="checkbox"/>
Forestry Sector	<input type="checkbox"/>
Property	<input type="checkbox"/>
Information and Communication Technology	<input type="checkbox"/>
Mining & Quarrying	<input type="checkbox"/>
Electricity/ Gas & Water	<input type="checkbox"/>
Retail	<input type="checkbox"/>
Motor Trade	<input type="checkbox"/>
Repair Services	<input type="checkbox"/>
Wholesale Trade, Commercial Agents & Allied Services	<input type="checkbox"/>
Finance & Business Services	<input type="checkbox"/>
NPO, Community, Special & Personal Services	<input type="checkbox"/>
Other	<input type="checkbox"/>

Brief description of main business

Previous BEE Rating

Has the entity been rated before? (Y/N) _____

If YES, please attach a copy of the last BEE Certificate received.

General Information:

Number of staff (all branches combined): _____
 Number of branches (including Head Office): _____

Please indicate the Ownership structure of the entity:

100% White Owned	<input type="checkbox"/>	100% Black Ownership	<input type="checkbox"/>
51% - 99% Black Owned	<input type="checkbox"/>	Below 51% Black Ownership	<input type="checkbox"/>

If Black Ownership exists, please tick the applicable structure:

Individual Black Owner(s)	<input type="checkbox"/>	Trust(s)	<input type="checkbox"/>
Employees Trust	<input type="checkbox"/>		<input type="checkbox"/>
Ownership Scheme (Briefly describe)	<input type="checkbox"/>	Joint Venture (Briefly describe)	<input type="checkbox"/>
_____		_____	
_____		_____	
Co-Operations (Briefly describe)	<input type="checkbox"/>		

Financial information

Audited Financial Statements for the period of measurement? YES / NO (please circle)

Please provide your financial periods turnover: _____

Previous Financial Period Measured (B-BBEE purposes): _____

Which period was your last audited Financial Year End? _____

Which Accounting and/or Auditing firm evaluated your Financial Statements for the last 2 years?

Last year:

Name of Audit Company: _____

Name of Auditor: _____

Year prior to last year:

Name of Audit Company: _____

Name of Auditor: _____

Bank Details:

Bank: _____ Branch Code: _____

Account Number: _____

Optional

Have you received any BEE Consulting for the past 2 years?

Yes

No

Please state name of Consulting Entity:

Where did you hear about us? _____

Declaration

(This section is compulsory for completion by applicant)

Does the applicant (entity) have any ownership in aBEErate Verification Agency (Pty) Ltd?

(Y/N) _____ Explain: _____

Does the applicant (entity) have a debt creating relationship with aBEErate Verification Agency (Pty) Ltd?

(Y/N) _____ Explain: _____

By signing this document, you certify that you are a shareholder, member, owner or company representative of the Entity above and the information provided in this document is correct and accurate.

Name: _____

Signature: _____

Capacity of Signatory: _____

Date: _____

FOR OFFICE USE ONLY

APPOINTMENT OF VERIFICATION TEAM

Analyst(s) Assigned:	
Scorecard:	
Site(s) to be visited:	
Notes to Analyst:	
Verification Manager:	

DECLARATION OF IMPARTIALITY AND CONFIDENTIALITY

We hereby declare that we do not have any links or vested interest in the Measured Entity, nor have we had any in the past two years or intend having any in the future. There is no conflict of interest or influence that will risk impartiality in performing our role in the Verification of the Measured Entity.

We declare that we do not have Direct Financial Interest, Material Indirect Financial Interest or and Debt Creating Agreement with the Measured Entity.

We also declare that we did not provide the entity with any consulting during the past two years.

Any information disclosed or provided by the Measured Entity will be treated as confidential and shall not be used for any purpose other than for the B-BBEE Verification and this information will not be disclosed, revealed or published to any third party without obtaining prior written consent thereto, or unless required by law to do so.

Any disclosures to me made in this regard will be submitted to the Verification Manager by means of a full report.

Date of Team Allocation:	
Verification Manager:	Signature:
Verification Manager:	Signature:
Senior Verification Analyst:	Signature:
Junior Verification Analyst:	Signature:
Administrator:	Signature:
Administrator:	Signature:

ACCEPTANCE OR DENIAL OF REQUEST FOR VERIFICATION

The Executive Committee hereby confirms that no Commercial or Financial pressures exist. No Impartiality, Confidentiality or Conflict of Interest exist. There are sufficient resources available to accept the Request for Verification.

Executive Committee Member:		Signature:	
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