

## Application Form

**Entity Information**

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: \_\_\_\_\_

If completed by a third party, ensure that a Power of Attorney is attached.

**Type of Company**

Type of Entity:

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

**FOR OFFICE USE ONLY:**  
 Checked and Verified: \_\_\_\_\_ Date: \_\_\_\_\_

**Please select only 1 (one) of the sectors listed below numbered 1 - 15. In the event that 3, 4, 5 or 6 was selected, please further select 1 (one) applicable sub-sector. The selection should be based on the business activity from which most of the turnover/revenue derived from.**

<p>1. Agriculture <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>2. Manufacturing <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>3. Construction:</p> <p style="padding-left: 20px;">3.1 Contractor <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">3.2 Building Environment Professional <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>4. Transport and Related Activities</p> <p style="padding-left: 20px;">4.1 Road Freight <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">4.2 Forward and Clearing <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">4.3 Bus Commuter and Coach Services <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">4.4 Public Sector Transport <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">4.5 Maritime <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">4.6 Rail <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">4.7 Domestic Aviation <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>5. Property</p> <p style="padding-left: 20px;">5.1 Asset Based <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">5.2 Service Based <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">5.3 Estate Agents <input style="width: 20px; height: 20px;" type="checkbox"/></p>		<p>6. Financial Services</p> <p style="padding-left: 20px;">6.1 Banking <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">6.2 Long-Term Insurance <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">6.3 Short-Term Insurance <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">6.3 Fund Managers <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">6.4 Broker <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">6.5 Underwriting Management <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p style="padding-left: 20px;">6.6 Asset Management <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>7. Retail and Trade <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>8. Media, Advertising and Communication (MAC) <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>9. Defence <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>10. Information, Technology and Communication <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>11. Forestry <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>12. Mining and Quarrying <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>13. NPO, Community, Special Personal Services <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>14. Tourism (Catering, Accommodation &amp; other such trade) <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>15. Other <input style="width: 20px; height: 20px;" type="checkbox"/></p>
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**Description of main business activities**

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Services Required	
B-BBEE Verification	<input type="checkbox"/>
Joint Venture / Consortium	<input type="checkbox"/>
B-BBEE Training	<input type="checkbox"/>
Gap Analysis	<input type="checkbox"/>
Ownership Verification	<input type="checkbox"/>
Non-Compliant Certificate	<input type="checkbox"/>
Re-Evaluation	<input type="checkbox"/>
Monthly Retainer	<input type="checkbox"/>
Ownership Analysis	<input type="checkbox"/>
Enterprise Development Certification	<input type="checkbox"/>
Supplier Development Certification	<input type="checkbox"/>
Socio Economic Development Certification	<input type="checkbox"/>
Verification of Suppliers B-BBEE Status	<input type="checkbox"/>
Special Evaluation	<input type="checkbox"/>

**Previous B-BBEE Rating**

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

If YES, when will it expire. \_\_\_\_\_

Please attach a copy of the previous B-BBEE Certificate.

**B-BBEE Consulting**

Have you received any B-BBEE Consulting?      Yes       No

Please state name of Consulting Entity:

\_\_\_\_\_

Please state assigned Consultant:

\_\_\_\_\_

Where did you hear about us?

\_\_\_\_\_

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**Verified Entity Details**

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

If Black Ownership exists, please stick the applicable structure:

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

\_\_\_\_\_

\_\_\_\_\_

**Consolidations! Please list all legal entities to be verified on a company letterhead for group ratings, include company registration and vat registration numbers.**

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**Financial Information**

Period of Assessment / Financial Year End: \_\_\_\_\_

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

Management Accounts for the period of Assessment: YES / NO (please circle)

**(An additional cost of R 2 500.00 will be charged for Management Accounts)**

Please provide the turnover / revenue for the period of assessment: \_\_\_\_\_

**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:**

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**APPOINTMENT OF VERIFICATION TEAM**

<b>Analyst(s) Assigned:</b>	
<b>Scorecard:</b>	
<b>Site(s) to be visited:</b>	
<b>Notes to Analyst:</b>	
<b>Verification Manager:</b>	

**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 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 four 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:**

<b>Verification Manager:</b>		<b>Signature:</b>	
<b>Internal Reviewer:</b>		<b>Signature:</b>	
<b>Senior Verification Analyst:</b>		<b>Signature:</b>	
<b>Junior Verification Analyst:</b>		<b>Signature:</b>	
<b>Administrator:</b>		<b>Signature:</b>	

**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.

<b>Executive Committee Member:</b>		<b>Signature:</b>	
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