



## Application for QSE/GENERIC BEE Verification - F04-04

Please complete ALL sections of the APPLICATION FORM with a Grey background in CLEAR PRINT and sent back to:  
 your allocated Sales Consultant of BEE VERIFICATION AGENCY CC or alternatively send to  
 E-mail: info@bee-verification.com or Fax: 086 587 2804

**PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION FORM**

**Copy of previous BEE Verification certificate (if any)**

### CLIENT DETAILS (MEASURED ENTERPRISE)

|                                      |  |                          |  |
|--------------------------------------|--|--------------------------|--|
| Organisation Registered Name:        |  |                          |  |
| Trade Name:                          |  |                          |  |
| Organisation Registration Number:    |  | VAT Registration Number: |  |
| PHYSICAL ADDRESS OF YOUR HEAD OFFICE |  | POSTAL ADDRESS           |  |
|                                      |  |                          |  |
|                                      |  |                          |  |
| Postal code:                         |  | Postal code:             |  |

### CONTACT DETAILS:

|                 |  |           |  |
|-----------------|--|-----------|--|
| Contact Person: |  | Position: |  |
| Tel:            |  | Fax:      |  |
| E-mail:         |  | Cell:     |  |

Please answer the following questions:

|   |                          |           |                           |                   |
|---|--------------------------|-----------|---------------------------|-------------------|
| What is the latest financial year for which you have finalised Financial Statements available?    | From: ..... To: .....    |           |                           |                   |
| Turnover as per the above financial statements?   |                          |           |                           |                   |
| Did you make a profit or loss during the above financial year?                                    | Profit                   | Loss      |                           |                   |
| What internal accounting software do you use?   |                          |           |                           |                   |
| Briefly describe the nature/activities of your business?  |                          |           |                           |                   |
| Select Applicable Business Sector   | DTI                      | ICT       | MAC                       | TOURISM           |
|   | AGRI                     | TRANSPORT |                           | PROPERTY          |
|   | CONSTRUCTION: CONTRACTOR |           |                           | CONSTRUCTION: BEP |
| Is the verification for a Single Company or part of a Group Structure                             | SINGLE BUSINESS          |           | GROUP STRUCTURE           |                   |
| If part of Group Structure, how many subsidiaries are included for verification                   |                          |           |                           |                   |
| What is the percentage Black Shareholding in the Company?   | Total Black Ownership %: |           | Female Black Ownership %: |                   |
| If any, what type of shareholding do they have?   | Individuals              | Company   | CC                        | Trust             |
| How many direct black (African, Coloured, Indian) shareholders does your business currently have? |                          |           |                           |                   |

|   |                      |    |                        |  |
|---|----------------------|----|------------------------|--|
| How many black (African, Coloured, Indian) directors does your company have?  |                      |    |                        |  |
| How many black (African, Coloured, Indian) Executive Managers does your company have?   |                      |    |                        |  |
| Number of permanent employees as at the end of last month?  |                      |    |                        |  |
| Number of black (African, Coloured, Indian) permanent employees as at the end of last month?  |                      |    |                        |  |
| Approximately how many black (African, Coloured, Indian) employees were trained during the financial year?  |                      |    |                        |  |
| Estimated number of current BEE compliant suppliers? (Suppliers able to provide a BEE certificate)  |                      |    |                        |  |
| How many Supplier and Enterprise Development beneficiaries did you have during the above financial year? (another black-owned business that you have supported financially)                   | Supplier Development |    | Enterprise Development |  |
| How many Socio economic development beneficiaries did you have during the above financial year?   |                      |    |                        |  |
| Provide the name, if any, of the Consultancy Firm used to assist you with developing and implementing your BEE Strategy<br>Note: (This is not the institution who did your BEE Verification). |                      |    |                        |  |
| Is this B-BBEE verification for tendering purposes?   | Yes                  | No |                        |  |
| If yes, what is the tender deadline?  |                      |    |                        |  |

**DECLARATION**

- I declare the information given in this application form is correct to the best of my knowledge and belief.
  - I undertake to inform **BEE Verification Agency CC** immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported timeously to **BEE Verification Agency CC**
  - I understand that **BEE Verification Agency CC** does not accept any responsibility for the actions or the results of any actions of a measured enterprise
- I the undersigned declare that there is no debt-creating agreement between the company submitting this application and BEE Verification Agency CC**

**DECLARATION: The Director, Chief Executive Officer, Member or Senior Company Representative must authorise this form**  
**NOTE: Please ensure that the application form is submitted correctly and that all required documentation is attached**

|            |  |                |  |
|------------|--|----------------|--|
| Name:      |  |                |  |
| Capacity:  |  |                |  |
| E-mail:    |  | Direct Number: |  |
| Date:      |  |                |  |
| Signature: |  |                |  |