



VERIFICATION REQUEST FORM

VERIFICATION REQUEST FORM		Doc No	F14
		Version No	1
		Effective	01/10/12
Copy No	Approved	Prepared by	M Naicker
	K Kantilal		

Please return this completed form to either bee@beesolutions.co.za or fax to 086 726 4440

Company Name:		Physical address of Head Office:	
CK or Company Registration No			
Income Tax Registration Number		Vat Registration Number	
Contact Person:		Cellular:	
Telephone:		Fax:	
E-mail:		Annual Turnover (Latest financial statements):	
Number of perm. employees:		In 1st year of operation?	
Number of business sites: (Please also list the percentage of owners, managers, staff, records per site)		Industry sector:	
		Timing requests	
		Lead referred by:	
BEE consultant used:		Previous BEE verification agency used:	
Company structure: (sole proprietor, partnership, CC, Pty Ltd, Trust, State-owned, Section 21, Co-operative, other)			
Ownership: - % Black? - Type of shareholding – individual or organisational? - Any share sale/purchase in last 10 yrs?			
Does this business own any other? Is the business part of a larger group?			
General comments:			
I hereby declare that the above listed information is to the best of my knowledge accurate and true, and that I am duly authorised to sign this request for BBBEE verification.			
Name:		Signature:	
Capacity:		Date:	
Office Use:		Ref. No.:	
Quote (excl VAT):		New/Renewal :	
Reliance rep:		Industry charter / code:	
3 day follow-up:	(date)	(comments)	(sign)
2 week follow-up:	(date)	(comments)	(sign)
1 month follow-up:	(date)	(comments)	(sign)
2 month follow-up:	(date)	(comments)	(sign)
Accept/Decline			