

### **APPLICATION FORM**

Indicate type of verification re	equired:						
Do you have a current BEE certificate?			If y	es, expiry	date?		
Is the business part of a Group of Companies		s?	Do	you requ	ire a consolidated	certificate?	
GENERAL COMPANY INFORI	MATION AND	CONTACT DETAILS:					
Name of Business (Registered)	)						
Trading name							
Core business of the company							
Company registration number				VAT Nur	mber		
Place of operations:		Physical address					Number of employees
Head Office							
List <b>additional</b> site offices that the business operate from – location and number	Site 1						
	Site 2						
of employees at each site (Provide separate list if	Site 3						
required)	Site 4						
Company Representative	Name				Designation		
(internal):	Email				Telephone		
External representative (If	Name				Telephone		
applicable)	Email				<b>'</b>		
* Special Power of Attorney re	equired if exte	rnal representative	will man	age the p	process on behalf o	f the Measu	red Entity.
Did the company make use of	the services o	f a BEE consultancy a	gency fo	or the pas	t 4 years?		
Name of consultancy:			Nam	e of consi	ultant:		

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Approved:

W Fourie

Compiler:

B Hoon

## 2. FINANCIAL INFORMATION

Please indicate your Financial Year end (period being measured)	
Annual Turnover for Financial Year being measured. (R-value)	
What type of Financial Statements will be used for verification purposes?	

### 3. OWNERSHIP INFORMATION

Total % Black Shareholding		Black Male %	Black Female %	
Who holds the above black shareho	lding?			

# 4. BEE VERIFICATION DETAILS (applicable to full verifications)

	Ownership
	Management Control
Indicate the B-BBEE elements to be verified:	Employment Equity
(tick applicable boxes)	Skills Development
	Yes 4 Youth

Preferential Procurement	
Enterprise Development	
Supplier Development	
Socio Economic Development	

### 5. **BUSINESS SECTOR**

Indicate the nature of your Business: Please tick the applicable box:

Agriculture	
Accountants	
Construction	
Financial Services	
Forestry	
Importer / Exporter	
Information / Communication (ICT)	
Manufacturer	
Media, Advertising & Communication	
Mining	

Property – Asset based	
Property – Service based	
Property – Estate Agencies	
Services (Personal & Business)	
Tourism / Hospitality	
Transport – Road Freight	
Transport – Domestic Aviation	
Transport – Forwarding & Clearing	
Wholesaler / Retailer	
Other (Specify)	

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Choose type of compan	y based on Construction business and turn	nover	
Choose level of black ov	wnership		
	ounting by 1 level, construction entities mu to enhance their BEE status level by bein n the QSE scorecard.		
		Skills Development	
Please indicate the additional elements for verification (if applicable)		Preferential Procurement	
		Supplier Development	
DECLARATION			
TO BE SIGNED BY THE A	AUTHORISED COMPANY REPRESENTATIVE	:	
<del>-</del>	/ relationship between this entity and DV	S BEE Services (Pty) Ltd e.g. debt, com	mon
owners, shareholding?			
	the best of my knowledge the information cts and accept liability for delays and costs  Name		
Authorised Company representative:	Designation		
	Signature		
	Date		
Iote that DVS BEE Service informed of such a description of such a	I form to: itor	tion and not submit a quote. The com	npany representative w
Please contact us shou	ld you need any assistance with the compl	etion of this form on 0861 99 50 55 $/\frac{2}{3}$	admin@dvsbee.com

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ACCEPTANCE OF ORDER AND ASSIGNMI  Information submitted checked?  Debt / Equity relationship checked?  Analyst(s) Assigned:  Technical Signatory assigned:  Applicable scorecard:  Details on number of site(s) to be visited  Additional notes to Analyst (if required)			By whom: Date:			
Debt / Equity relationship checked?  Analyst(s) Assigned: Technical Signatory assigned: Applicable scorecard: Details on number of site(s) to be visited Additional notes to Analyst (if required)		canacity and con				
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We hereby confirm that DVS BEE SERVIC		capacity and con	npetence to per	rform this BEE	Verification based	on the review
of this application form.						
Acceptance and assignment done Na	me					
by: Dat	:e	Signature				
DECLARATION OF IMPARTIALITY AND CO	ONFIDENT	IALITY				
We hereby declare that we do not have a	any compr	omising links or v	ested interest i	in the Measure	ed Entity, nor have	we had any in
the past four years or intend having any			onflict of interes	st or influence	that will risk impar	tiality in
performing our role in the verification of	the Entity					
We also declare that we did not provide	-	with any BEE con	sulting or other	r services relat	ed to any of the 5	elements of the
BEE scorecard during the past four years						
Any information disclosed or provide by	the Measu	red Entity will be	treated as con	fidential and s	hall not be used fo	r any purposes
other than for BEE Verification and this in				or published t	o any third party w	vithout
obtaining prior written consent thereto of Any disclosures to me made in this regar				ager by means	s of a full report.	
Tachnical Cignatory		Signatu	ıroı		Data	<u> </u>
Technical Signatory:		Signati			Date:	
Verification Analyst:		Signati	ure:		Date:	
Verification Analyst:		Signati	ure:		Date:	
Administrator		Signati	ure:		Date:	
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