



BEE EMPOWERED

B E E R A T I N G A G E N C Y

PROCEDURE MANUAL	Doc Ref No: BEE/CP/13/A20
Title: Request for Verification and Compliance Questionnaire - Empowering Supplier	Revision No: 02
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Approver: L Frank	Effective date: 22 March 2016

EMPOWERING SUPPLIER APPLICATION FORM

I, _____ (state full names of Applicant)

duly authorized representative of _____ (hereinafter referred to as "the Measured Entity"), hereby request **BEE EMPOWERED AND LABOUR CONSULTANCY CC**, to carry out the verification to determine the Measured Entity's status as Empowering Supplier, in accordance with BEE Empowered's proposal dated ____/____/20__ at an agreed fee of R_____ (Excl. VAT).

PARTICULARS OF THE MEASURED ENTITY:

REGISTERED NAME OF BUSINESS			
TRADING AS (IF APPLICABLE):			
CONTACT PERSON (NAME, SURNAME, DESIGNATION)	NAME	SURNAME	DESIGNATION
TELEPHONE NUMBER	()	FAX NUMBER ()	
CONTACT PERSON: MOBILE NUMBER	()		
CONTACT PERSON: E-MAIL ADDRESS			
COMPANY REGISTRATION NUMBER			
COMPANY VAT REGISTRATION NUMBER			
VERIFICATION PERIOD: (Financial year to be verified)	FROM: _____/_____/20__	TO: _____/_____/20__	
ANNUAL TURNOVER FOR VERIFICATION PERIOD			
TYPE OF INDUSTRY ENGAGED IN	SERVICES <input type="checkbox"/>	OTHER <input type="checkbox"/>	
PHYSICAL ADDRESS			

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BEE Empowered and Labour Consultancy CC Member: L Frank Reg No:CK2005/011876/23



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	CODE:	
POSTAL ADDRESS		
	CODE:	
TYPE OF ENTITY (PLEASE TICK APPLICABLE BOX)	SPECIALISED ENTITY (Enterprises where ownership cannot be measured - Companies limited by guarantee, Higher Education Institutions, Non-Profit Companies, Public entities and other Enterprises exclusively owned by organs of State; Public Benefit Schemes or Public Benefit Organisations)	<input type="checkbox"/>
	PRIVATE COMPANY	<input type="checkbox"/>
	CLOSE CORPORATION	<input type="checkbox"/>
	TRUST	<input type="checkbox"/>
	SOLE PROPRIETOR	<input type="checkbox"/>
	PUBLIC COMPANY	<input type="checkbox"/>
	PARTNERSHIP	<input type="checkbox"/>
NATURE OF BUSINESS AND SUMMARY OF MAIN ACTIVITY OF MEASURED ENTITY. STATE IF SIMILAR ACTIVITIES ARE CARRIED OUT AT THE BRANCHES REFERRED TO HEREIN		

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	CRITERIA	
<p>TO ACHIEVE A STATUS OF EMPOWERING SUPPLIER, THE MEASURED ENTITY MUST BE A</p> <p>“GOOD CORPORATE CITIZEN”</p> <p>AND</p> <p>GENERIC ENTERPRISES (Entities of which the Annual Turnover for the verification period exceeds R50million)</p> <p>ARE TO COMPLY TO AT LEAST THREE OF THE CRITERIA</p> <p>WHILE</p> <p>QUALIFYING SMALL ENTERPRISES (Entities of which the Annual Turnover for the verification period is between R10million and R50million)</p> <p>ARE TO COMPLY TO AT LEAST ONE OF THE CRITERIA</p> <p>Please refer to the pages ---- to ---- for evidence to be submitted for the various criteria.</p>	<p>LOCAL CONTENT & SUPPLY –</p> <p>At least 25% of cost of sales, excluding labour cost and depreciation is from local producers or local suppliers in South Africa</p>	<input type="checkbox"/>
	<p>JOB CREATION & EMPLOYMENT–</p> <p>50% of jobs created are for black people providing that the number of black employees since the immediate prior verified B-BBEE measurement is maintained.</p>	<input type="checkbox"/>
	<p>TRANSFORMATION/BENEFICIATION OF RAW MATERIAL –</p> <p>At least 25% transformation of raw material/beneficiation which include local manufacturing, production and/or assembly, and/or packaging.</p>	<input type="checkbox"/>
	<p>OPERATIONAL/FINANCIAL ASSISTANCE –</p> <p>At least 12 days of productivity deployed in assisting Black EME and QSE beneficiaries to increase their operational or financial capacity.</p>	<input type="checkbox"/>
	<p>LOCAL LABOUR (for service industries only) –</p> <p>At least 85% of labour costs paid to South African employees by service industry entities.</p>	<input type="checkbox"/>
	<p>URGENT RATING:</p> <p>An urgent rating will be subject to an urgency fee. The date of outcome will still be determined by the date of submission of documents and evidence.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>ANY OTHER FACTORS YOU WISH US TO TAKE INTO CONSIDERATION?</p>		

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SUPPORTING DOCUMENTATION

Kindly furnish us with copies of the following supporting documentation

ALL ENTITIES – PROOF OF “GOOD CORPORATE CITIZENSHIP”	
Annual financial statements for the verification period	<input type="checkbox"/>
Valid Tax Clearance Certificate	<input type="checkbox"/>
Confirmation of registration with a relevant SETA (If applicable in terms of the Skills Development Act 97 of 1998, the Skills Development Amended Act 31 of 2003 and the Skills Development Levies Act, 9 of 1999)	<input type="checkbox"/>
Confirmation of submission of Annual Training Report and Workplace Skills Plan to the relevant SETA (If applicable in terms of the Skills Development Act 97 of 1998, the Skills Development Amended Act 31 of 2003 and the Skills Development Levies Act, 9 of 1999)	<input type="checkbox"/>
Confirmation of compliance with the Employment Equity Act	<input type="checkbox"/>
CRITERION: LOCAL CONTENT & SUPPLY (Non-Service Industry Entities only)	
Total Cost of Sales as per the Financial Statements:	R _____
Opening Stock as per the Financial Statements:	R _____
Closing Stock as per the Financial Statements:	R _____
Depreciation (if any) allocated to Cost of Sales:	R _____
Labour Costs (if any) allocated to Cost of Sales:	R _____
List of total spend for the financial year for each local supplier	<input type="checkbox"/>
Proof of each listed supplier's as being a local supplier (e.g. B-BBEE certificate, Accountant's Letter, Affidavit, etc)	<input type="checkbox"/>

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CRITERION: JOB CREATION & EMPLOYMENT	
Number of jobs created during the financial period:	_____
Number of black people (not foreigners) on the first day of the financial period:	_____
Number of black people (not foreigners) on the last day of the financial period:	_____
List of staff members indicating name, race, gender, ID number as on the first day of the financial period	<input type="checkbox"/>
List of staff members indicating name, race, gender, ID number as on the last day of the financial period	<input type="checkbox"/>
Payroll listing for the last month of the <i>previous</i> financial period	<input type="checkbox"/>
Payroll listing as on the last month of the <i>current</i> financial period	<input type="checkbox"/>
CRITERION: TRANSFORMATION/BENEFICIATION OF RAW MATERIAL	
Total Cost of Sales as per the Financial Statements:	R _____
Opening Stock as per the Financial Statements:	R _____
Closing Stock as per the Financial Statements:	R _____
Depreciation (if any) allocated to Cost of Sales:	R _____
Labour Costs (if any) allocated to Cost of Sales:	R _____
Rand Value of manufactured/beneficiated products upon completion	R _____
Cost analyses of products manufactured during the financial period	<input type="checkbox"/>
Sales analyses of products manufactured during the financial period, including packaging	<input type="checkbox"/>

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CRITERION: OPERATIONAL/FINANCIAL ASSISTANCE	
List of assistance provided to black QSE's/EME's during the financial period, indicating: name of black beneficiary entity, name and designation of staff member providing assistance, date and duration of assistance provided and nature of assistance	<input type="checkbox"/>
Letter from beneficiary enterprise to confirm the total duration of assistance during the financial period, the nature of assistance and whether it contributed to the increase of their financial or operational capacity or both.	<input type="checkbox"/>
Proof of beneficiary enterprises as black QSE/EME - e.g. B-BBEE Certificates / Accountants' letters / Affidavits	<input type="checkbox"/>
CRITERION - LOCAL LABOUR (for service industries only)	
Total labour costs for the financial period for ALL employees	R_____
Total labour costs paid to South African employees	R_____
List of staff members indicating name, race, gender, ID number, nationality and annual salary for the financial period	<input type="checkbox"/>

I hereby confirm, to the best of my knowledge, the information supplied herein to be true and correct.

SIGNED AND DATED AT _____ ON THIS ____ DAY OF _____ 20__

SIGNATURE OF REPRESENTATIVE OF
APPLICANT'S / MEASURED ENTITY'S
DULY AUTHORIZED THERETO

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