



# BEE EMPOWERED

BEE RATING AGENCY

<b>PROCEDURE MANUAL</b>	<b>Doc Ref No: BEE/CP/13/A4</b>
<b>Title: Preliminary Information Request Form</b>	<b>Revision No: 13</b>
<b>Copy No: 01</b>	<b>Page 1 of 4</b>
<b>Compiler: L Frank</b>	<b>Date Compiled: 16 June 2017</b>
<b>Approver: A Kotze</b>	<b>Effective date: 17 July 2017</b>

## PRELIMINARY INFORMATION REQUEST FORM

### Particulars of Requesting Enterprise:

REGISTERED NAME OF BUSINESS			
TRADING AS (IF APPLICABLE):			
CONTACT PERSON (NAME, SURNAME, DESIGNATION)	<b>NAME</b>	<b>SURNAME</b>	<b>DESIGNATION</b>
TELEPHONE NUMBER	(        )		
CONTACT PERSON: MOBILE NUMBER	(        )		
FAX NUMBER	(        )		
CONTACT PERSON'S EMAIL ADDRESS			
COMPANY REGISTRATION NUMBER			
COMPANY VAT REGISTRATION NUMBER			
ANNUAL TURNOVER			
FINANCIAL PERIOD TO BE VERIFIED			
STATE NUMBER AND LOCATION OF ANY BRANCHES OF THE REQUESTING ENTERPRISE			

T: +27 21 511 0802 F: +27 21 511 0210 E: info@bempowered.net W: www.bempowered.net  
 A21, Block 1, Northgate Island, Section Road, Paarden Eiland 7405  
 PO Box 496, Howard Place, Pinelands 7450, Cape Town, South Africa  
 1 NET BEE EMPOWERED (Pty) Ltd Director: L Frank Reg No: 2016/401515/07



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		<b>CODE</b>	
POSTAL ADDRESS			
			<b>CODE</b>
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)		
	PRIVATE COMPANY		
	CLOSE CORPORATION		
	TRUST		
	SOLE PROPRIETOR		
	PUBLIC COMPANY		
	PARTNERSHIP		

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NUMBER OF PERMANENT EMPLOYEES			
NUMBER OF SUPPLIERS			
IF YOU ARE PART OF A LARGER CORPORATION, STATE YOUR ORGANISATION'S FUNCTIONS AND RELATIONSHIPS WITHIN LARGER ORGANISATION & ATTACH COPY OF YOUR ORGANOGRAM			
HAS 1 NET BEE EMPOWERED (PTY) LTD OR ANY OTHER ENTITY AND OR PERSON RENDERED ANY BEE CONSULTING SERVICES TO YOUR ORGANISATION IN THE PAST 24 MONTHS?  IF YES, STATE DATE & NAME OF PERSON THAT RENDERED BEE CONSULTING SERVICES TO YOUR ORGANISATION. (PLEASE NOTE THAT VERIFICATION OF YOUR ORGANISATION IS NOT BEE CONSULTING).	YES		NO
HAVE YOU EVER BEEN VERIFIED BY AN INDEPENDENT VERIFICATION ORGANISATION? IF YES, PLEASE ATTACH COPIES OF PREVIOUS VERIFICATION DOCUMENTATION	YES		NO
DO YOU REQUIRE YOUR VERIFICATION CERTIFICATE ON AN URGENT BASIS? IF YES, STATE REASON:	YES		NO

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PLEASE INDICATE THE TYPE OF SCORECARD RATING REQUIRED: OLD OR AMENDED CODES GENERIC OR QUALIFYING SMALL ENTERPRISE RATING, OR GENERIC OR QUALIFYING SMALL ENTERPRISE AND THE APPLICABLE THE SECTOR CODE (IF ANY), I.E. AGRIBEE, OLD OR AMENDED TOURISM, AMENDED FORESTRY, AMENDED PROPERTY, AMENDED INFORMATION AND COMMUNICATION TECHNOLOGY ("ICT"), TRANSPORT, FINANCIAL SERVICES, MARKETING, ADVERTISING AND COMMUNICATION SECTOR CODE ("MAC").

[Empty box for scorecard rating details]

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