BM RATING AGENCY (PTY) LTD

Application for B-BBEE Services

To be completed by representative of Measured Entity. This form should be completed in full and returned to BM Rating Agency

Please complete **all** sections of the form in **clear print**

SERVICES REQUIRED
Please indicate (X) your requirements where applicable

Initial BEE Verification (new applicants)		Annual BEE Verification (renewal)	
Scorecard Compilation		Document Preparation	
Other (please provide details)			

MARKETING

How did you hear about BM Rating Agency BEE Verification? (eg. Referral, SANAS weboffice, Google, etc.)	

IMPARTIALITY
Please indicate (Y/N)

Has the company made use of an independent BEE consultant to prepare for verification by BM Rating Agency BEE Verification?		If YES, name of BEE Consultant	
Is there any connection between this entity & BM Rating Agency BEE Verification? e.g. shareholding, personnel, etc?		If YES, please clarify	
Has the employer or any employee of BM Rating Agency BEE Verification provided any consulting to your company within the last four years?		If YES, please clarify	

B-BBEE COMMISSION
Please indicate (Y/N)

Has your business had any any part of their structure or dealings reported to the B-BBEE Commission, either voluntarily/ internally or by any other party?		If YES, please clarify	

GENERAL CLIENT DETAILS (MEASURED ENTITY)

Organisation Registered Name		Trading Name	
Organisation Registration Number		VAT registration number	
Physical Address (Primary office)		Postal Address	
Core Business (main source of income)		Industry Sector	
Estimated Annual Turnover		Total Number of Employees	
Financial period to be reviewed		Total Number of offices where employees are based	
Audited accounts or management accounts?			
Contact Person		Position	
Telephone number		Email	
Mobile number			

Is this entity part of a Group Structure?	-	Organogram provided? Y/N	
Do you require a consolidated scorecard? Y/N	-		
Are all records of business functions centralised? Y/N	-		

ADDITIONAL offices INFORMATION - COMPULSORY WHERE COMPANY INCLUDES MULTIPLE offices

List any Other offices that exist in addition to your head office, for planning and sampling purposes: (This information is necessary for us to determine how many offices need to be visited. A office is any place you have employees - attach a schedule if necessary)	Activities on office. (Please indicate (X) if applicable.)			Number of Employees per office
	HR	PP	Finance	

ADDITIONAL INFORMATION RELATING TO SECTOR OR OTHER SPECIFIC REQUIREMENTS

PRICING

Activities are limited to those defined in the quotation and engagement letter. Additional activities and time are charged at an hourly rate.

Activity / Process	FIXED PRICING
Briefing Meeting	On engagement
Collection of information	Presented by client in prescribed format
Preliminary Scorecard preparation	Single preliminary scorecard in advance of on-office
Information submission opportunities	1st Submission on agreed date. 2nd Submission on receipt of audit plan and list of outstandings.
On-office visit	Single on-office visit, on agreed date.
Verification of client schedules	Maximum of 2 times per element
Appeals	Within 14 days of certificate issue
Travel	3 trips included
Payment Terms	On engagement or by prior arrangement

ELEMENTS FOR VERIFICATION

Please provide details for elements that require verification. Indicate "NA" if not applicable

Ownership	Owned by Natural Persons?		Is this a Multi National enterprise?	
	More than one level of ownership?		Is this entity Listed? Y/N	
	Includes Trusts?		Number of black shareholders?	
	Percentage of black shareholding?			
	Flow through ownership to be verified? (where relying on black ownership held in the company via other entitiies or persons)		Please detail:	

Management Control	Number of board members	
	Number of executive directors	
	Number of Executive (top) management	
	Number of Senior Management	
	Number of Middle Management	
	Number of Junior Management	
	Number of Disabled Employees	
Skills Development	Number of black people on training programmes to be verified (including employed and unemployed learnerships)	
		Number/Quantity
Enterprise and Supplier Development	Total number of Suppliers?	
	Approx Procurement Spend for the period?	
	BM Rating Agency BEE Verification required to collect BEE certificates? Y/N	
	Number of Supplier development beneficiaries/entities?	
	Number of Enterprise development beneficiaries/entities?	
Socio-Economic Development	Number of SED beneficiaries/entities?	
Other (industry specific - please specify element and nature of contributions such as Mentorship Programmes, Responsible Social Marketing etc)		

DECLARATION	**I understand that the information provided herein is the basis for any offer of engagement made by the Verification Agency, and that any material changes to this information will result in an adjustment of fees accepted. I further confirm that BM Rating Agency BEE Verification is NOT a recipient of Enterprise, Supplier or Socio-Economic Development.**

Name:		*Signed:*	
Capacity		*Date:*	

Appointment of Consultant / 3rd party representative

(MUST be completed by the measured entity where a consultant or other 3rd party is appointed)

The measured entity (Company Name): _____ hereby appoints

Consultant / 3rd Party (Company Name): _____ as an authorised representative to

liaise with BM Rating Agency BEE Verification, for the duration of the verification engagement. It is understood and agreed that confidential information will be shared between these parties.

The measured entity confirms that any information given and received by the authorised persons will be deemed to have been given by and delivered to the measured entity.

If the measured entity wishes to have an employee cc'd in communication, please indicate details below:

Employee Name: _____ Position: _____

E-Mail Address: _____ Phone: _____

Does the Measured Entity authorise BM Rating Agency BEE Verification to release the final certificate and scorecard to the consultant named above?	YES	NO

Signed by authorised representative of Measured Entity:

_____ _____

Capacity: Name:

_____ _____

Signature: Date:

_____