



BEE EMPOWERED
BEE RATING AGENCY

PRELIMINARY INFORMATION REQUEST FORM

Particulars of Requesting Enterprise:

REGISTERED NAME OF BUSINESS			
CONTACT PERSON (NAME, SURNAME, DESIGNATION)	NAME	SURNAME	DESIGNATION
TELEPHONE NUMBER	()		
FAX NUMBER	()		
CONTACT PERSON'S EMAIL ADDRESS			
COMPANY REGISTRATION NUMBER			
COMPANY VAT REGISTRATION NUMBER			
ANNUAL TURNOVER			
STATE NUMBER AND ADDRESSES OF ANY BRANCHES OF THE REQUESTING ENTERPRISE			
	CODE		
POSTAL ADDRESS			
	CODE		
TYPE OF ENTITY (PLEASE TICK APPLICABLE BOX)	PUBLIC COMPANY		
	PRIVATE COMPANY		
	CLOSED CORPORATION		
	TRUST		
	SOLE PROPRIETOR		
	PARTNERSHIP		
	ASSOCIATION		

A DIVISION OF FRANK SETON ATTORNEYS

T: +27 21 511 0802 F: +27 21 511 0210 E: info@bempowered.net

PROCEDURE MANUAL	Doc Ref No: BEE/CP/13/A4
Title: Preliminary Information Request Form	Revision No: 03
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Compiler: L Frank	Date Compiled: 22 February 2008
Approver: H Jeaven	Effective date: 1 March 2008



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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 BEE EMPOWERED AND LABOUR CONSULTANCY CC 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	
HAVE YOU EVER BEEN VERIFIED BY AN INDEPENDENT VERIFICATION ORGANISATION? IF YES, PLEASE ATTACH COPIES OF PREVIOUS VERIFICATION DOCUMENTATION	
DO YOU REQUIRE YOUR VERIFICATION CERTIFICATE ON AN URGENT BASIS? IF YES, STATE REASON:	
ANY OTHER FACTORS YOU WISH US TO TAKE NOTICE OF?	

Signed and Dated at _____ on this ____ day of _____ 200

Signature of Applicant

Full names of Applicant

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