



## APPLICATION FOR B-BBEE VERIFICATION

All fields are to be completed document returned to  
 Amax BEE Verifications (Pty) Ltd  
 email: bee@amaxsa.co.za

Name of Client's B-BBEE Consultant, if any			
Was any employee of Amax BEE Verifications (Pty) Ltd involved in consultancy with the measured entity during the past 4 years?			
<b>PREVIOUS B-BBEE VERIFICATION DETAILS</b>			
Name of Previous B-BBEE Verification Agency, if any			
Last verified B-BBEE status		Expires	
<b>MEASURED ENTITY INFORMATION</b>			
Registered Name			
Trading Name			
Company Registration Number			
VAT Registration Number			
Core Business			
Industry Sector			
Physical address			
Postal Address			
		Postal Code	
Contact person		Designation	
Tel No.		Fax	
Cell No.		E-mail	
Date of last audited financial statements			
Is there any connection between this entity & Amax BEE Verifications (Pty) Ltd		Yes/No	
Number of sites, including the Head Office		Total Number of Employees	
Location of Other Sites	Number of Employees per site	Estimated Turnover	
		Demographic Selection	
			<b>ADDITIONAL COMMENTS</b>
Which Sector Charter/Code applies to your business, if any?			

ELEMENTS		(Please indicate (X) which elements require verification	
	(x)if Yes		Yes/No/Number
Ownership		Owned by Natural Persons ?	
		Complex Ownership Structure	
		Includes Trusts ?	
		Is this a Multi National enterprise?	
		Is this entity Listed?	
		Number of black owners ?	
		Number of black female owners ?	
Management Control		Number of black Directors	
		Number of black Top Management	
Employment Equity		Number of black Senior Management	
		Number of black Middle Management	
		Number of black Junior Management	
		Number of black Management	
		Number of black Disabled Employees	
Skills Development		Black Training Programmes?	
		Number of black learnerships	
Preferential Procurement		Total number of Suppliers ?	
		Do you import goods	
Enterprise Development		Number of ED beneficiaries?	
Supplier Development		Number of SD beneficiaries?	
Socio-Economic Development		Number of SED beneficiaries?	
DECLARATION			
An authorised official must authorise this form.			
Please ensure that the application form is submitted correctly and that all the relevant fields have been completed.			
Signature			
Name			
Capacity			
Date			