

Return this completed form to either info@xcelbee.co.za or fax to 086 461 7118.

Why do you need a BEE Certificate?			
How is your company affected if you don't receive the required Level / timing?			
How would you rate your last verification? How can it be enhanced?			
Are you aware / prepared for the New BBBEE Codes?			
Company Name:		Physical address of Head Office:	
Contact Person:		Fax:	
Telephone:		Cellular:	
Contact E-mail:		Financial Period:	
CEO/MD's Name /Email:		Annual Turnover:	
Lead referred by:		No of permanent staff:	
Number of business sites: (Also list the percentage of owners, managers, staff, records per site)		Timing requests:	
		Previous BEE rating agency :	
		BEE Consultancy used:	
Industry Sector:			
Construction - Contractor <input type="checkbox"/>		Construction – Built Environment Professional (R6m/R25m) <input type="checkbox"/>	
ICT <input type="checkbox"/>			
Road Freight <input type="checkbox"/>	Maritime <input type="checkbox"/>	Forwarding & Clearing <input type="checkbox"/>	Forestry <input type="checkbox"/>
Marketing, Comm, Advertising <input type="checkbox"/>		Agriculture <input type="checkbox"/>	
Tourism (R5m/R45m) <input type="checkbox"/>		Financial Services <input type="checkbox"/>	
Property <input type="checkbox"/> (>R30m net assets)/(>R2.5m – Estate agents/brokers)			
Adjusted Scorecard <input type="checkbox"/>		Other <input type="checkbox"/> State:	
Type of BEE rating required:		Single <input type="checkbox"/> Consolidated (group of companies) <input type="checkbox"/>	
Ownership: - Any Black ownership?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
- Type of shareholding?		Individuals <input type="checkbox"/> Organisational <input type="checkbox"/> Trust <input type="checkbox"/>	
- Any change in shareholding in last 10 yrs?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
General comments:			
I hereby declare that the above listed information is to the best of my knowledge accurate and true, and that I am duly authorised to sign this request for a BBBEE verification quote.			
Name:		Signature:	
Date:			
Office Use:	Ref. No.:	New <input type="checkbox"/> / Renewal <input type="checkbox"/>	QSE <input type="checkbox"/> / Generic <input type="checkbox"/>
			OC <input type="checkbox"/> / NC <input type="checkbox"/>