

Verification Request	Entity Information Sheet
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(To be completed by applicant in full and returned to BEE~Matrix)

Name of Entity	
Physical Address & Postal Code	
Postal Address & Postal Code	
Telephone Number & Cell Number	
Fax Nr & e-mail address	
Contact Person	
Position	
Type of Organization (CC, Pty Ltd etc.)	
Entity Registration Number	
Indicate Applicable Charters (Tourism, Construction, Forestry, Transport) or Codes of Good Practice	
VAT Number	
Year of Establishment	
Annual Turnover for Last Completed Financial Period	R
Last Financial Period under Review	
Number of full-time staff	
% Black Ownership in Entity	
% Black Woman Ownership in Entity	
Is this Organization part of a larger group off Companies?	
If so, please give details of Holding Company	
Only for companies doing less than R5million t/o per annum	
Nett Profit before Tax	R
Total Labour Cost	R
Have you made use of the services of a consultant? Please supply company name.	
<b>Verification certificate</b> To be collected <input type="checkbox"/> OR To be posted <input type="checkbox"/>	I _____ hereby declare all information submitted is correct.  Signature _____
Please return to BEE~Matrix on:	info@beematrix.co.za or Fax No 0866598853
To view verification process, visit <a href="http://www.beematrix.co.za/content/view/70/35/">http://www.beematrix.co.za/content/view/70/35/</a>	
<b>Office Use</b>	
Request Number :(Refer to Meth/VR/01)	Accepted : <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Received from Applicant:	Signature V/Manager :
Date Forwarded to V/ Manager:	Date returned to Admin: