

Return this completed form to either [info@xcelbee.co.za](mailto:info@xcelbee.co.za) or fax to 086 461 7118.

<b>Company Name:</b>		<b>Physical address of Head Office:</b>	
<b>Contact Person:</b>		<b>Financial Period:</b>	
<b>Telephone:</b>		<b>Annual Turnover:</b>	
<b>Cellular:</b>		<b>No of permanent staff:</b>	
<b>Contact E-mail:</b>		<b>Timing requests:</b>	
<b>CEO/MD's Name /Email:</b>		<b>Previous BEE Rating Agency:</b>	
<b>Number of business sites:</b> (Also list the % of owners, managers, records per site)		<b>BEE Consultancy used:</b>	
		<b>Lead referred by:</b>	
<b>Industry Sector:</b>			
Agriculture <input type="checkbox"/>	Adjusted Scorecard <input type="checkbox"/>	Construction – Built Environment Professional (R6m/R25m) <input type="checkbox"/>	
Construction - Contractor <input type="checkbox"/>	Financial Services <input type="checkbox"/>	Forestry <input type="checkbox"/>	Forwarding & Clearing <input type="checkbox"/> ICT <input type="checkbox"/>
Maritime <input type="checkbox"/>	Marketing, Communication, Advertising (MAC) (PR – R5/10m) <input type="checkbox"/>	Property (>R80m/R400m net assets)/ (>R2.5/R35m Estate agents/brokers)/ (R10/50m Services) <input type="checkbox"/>	Road Freight <input type="checkbox"/>
Tourism (R5m/R45m) <input type="checkbox"/>	Other <input type="checkbox"/> State: .....		
<b>Type of BEE rating required:</b>		Single <input type="checkbox"/> Consolidated (group of companies) <input type="checkbox"/>	
<b>Ownership:</b>			
- Black ownership percentage (approximate) ?		..... %	
- 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"/>	
<b>Management Control:</b> (best approximates)			
- Number of Black Directors/Executive Managers?			
- Number of Black Senior/Middle/Junior Managers?			
<b>Skills Development:</b>			
- Has an approved WSP/ATR been submitted to SETA?			
- Were black people upskilled in past financial year?			

Xcelerate Verification Agency  
Verification Request Form IC-F02



<b>Enterprise &amp; Supplier Development:</b>				
- Approximate number of BEE compliant suppliers?				
- Has assistance been provided to uplift Black-owned SMMEs (eg. grants, time, direct- or overhead costs, etc) in past financial year?				
<b>Socio-economic Development:</b>				
- Has assistance been provided to uplift Black underprivileged people (eg. donations, time, direct- or overhead costs, etc) in past financial year?				
<b>General:</b>				
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?				
<b>General comments:</b>				
<b>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.</b>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>
<b>Office Use:</b>	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"/>
Risk Factor			Comment	
Is the client within scope? - Ownership complexity - Sector Code - Locality - Other			Yes <input type="checkbox"/>	No <input type="checkbox"/> Comment:
Is there adequate skills and competencies and capacity available based on the size, complexity and locality?			Yes <input type="checkbox"/>	No <input type="checkbox"/> Comment:
Is there any known conflict of interest between the entity and Xcelerate as a threat to impartiality?			Yes <input type="checkbox"/>	No <input type="checkbox"/> Comment:
If a renewal client, are there any known risks from prior dealings (eg. commitment, ethics, price sensitivity, poor submissions, etc)			Yes <input type="checkbox"/>	No <input type="checkbox"/> Comment:
Are the fees considered sufficient and appropriate for this client?			Yes <input type="checkbox"/>	No <input type="checkbox"/> Comment:
<b>Authorisation</b>			<b>Sign:</b>	<b>Date:</b>