



**APPLICATION FOR ACCREDITATION
OF
BEE VERIFICATION AGENCIES**

SANAS Accr. No/s.
(For office use)

DATE OF APPLICATION

PART 1: GENERAL

This form should be completed in full and returned to:

SANAS

Attention: The Programme Manager - (BEE)
Private Bag X23
Sunnyside
0132

Tel: (012) 394 3787
Fax: (012) 394 4787
E-mail: christinahl@sanas.co.za
office@sanas.co.za

Courier Address:

SANAS, The dti Campus, 77 Meintjies Street, Building G, Ground Floor, Sunnyside, Pretoria

Please complete ALL applicable sections of the form in CLEAR PRINT or in type.

Please ensure that you are familiar with the instructions for completing this form before proceeding any further. Prior to completing this form you should read SANAS document P 24 entitled 'Information on the Application Process'. For approval of personnel, please read Appendix A from ABVA Website 'Verification Analysts Qualifications'.

This form is available on E-mail should you wish to complete it and forward it by this process. SANAS does not accept responsibility for confidentiality of information or for receipt for applications submitted by E-mail. Please note that all applications submitted by E-mail must have the application fee paid directly into SANAS' bank account. Evidence of payment (R10,230.00) will be required prior to processing the application.

Note: If you do not receive an acknowledgement of receipt of this form by SANAS within 3 weeks of dispatch you should contact the SANAS office.
This application is valid for a period of 1 year from the date received.

Organisation			
VAT Reg. No.			
Contact Person			Title
Position			
Physical Address			Tel
Postal Address			Fax
Cell			E-mail
Field(s) of Operation (Codes and gazetted Charters as per section 9 of the BEE Act)			

TYPE OF APPLICATION		
Initial Accreditation <i>Complete Parts 1-5</i>		Other (specify)
Extension of Accreditation <i>Complete Parts 1, 3 (for new staff), 4 (for new parameters) & 5.</i>		

TYPE OF ACCREDITATION SOUGHT			
BBBEE Codes of Good Practice			
Gazetted Sector Charter			
PART 2: INFORMATION REGARDING YOUR ORGANISATION			
Description of the main activities of the organisation seeking accreditation. <i>Please underline those activities for which accreditation is sought.</i>			
<i>If the organisation seeking accreditation is owned by another organisation or is part of a larger group of organisations or has branches/divisions at other locations, please give the following details:</i>			
Name and address of: parent organisation/other organisations in group/divisions or branches at other locations (<i>delete that which is not applicable</i>).			
Tel		Fax	E-mail
Describe relationship between above-mentioned organisations and the organisation seeking accreditation.			
What is the legal status of your organisation? <i>e.g. Pty/Ltd, CC, privately owned or other.</i>			
Total number of employees		Number of employees involved in performing BEE Verification.	
<i>Attach an organogram indicating the structure of the areas to be accredited and their relations</i>			
Indication of status of the systems within the organisation			
Has the organisation ever been accredited before? <i>(If so, state by which body).</i>			
Does the organisation have an established formal system? <i>(eg, R47 or other)</i>			
How long has this system been in operation?			
What training has been provided for implementation and maintenance of the system and to whom?			
PART 3: INFORMATION ON SENIOR STAFF			
<i>For each staff member having responsibility for a product or service for which accreditation is sought please give the following details. This includes the BEE Verification Analysts and BEE Verification Managers.</i>			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	

Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
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Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff in area	
Experience and training			

PART 5: DECLARATION

The Chief Executive Officer or authorised official must authorise this form.

The following is enclosed (*please indicate*) :

Copy of the Policy Manual, procedures and <u>completed</u> SANAS form F120-03 indicating where in the policy manual and procedures the requirements have been met.		Application Fee (R10,230.00 includes the pre-assessment visit)	
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Other documentation <u>SEE NOTE 1</u> (specify any attached to the application form and/or tick below)	
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NOTE 1

Documentation to be submitted prior to assessment is as follows:

Tick

BEE Verification Agencies:

a) Completed all relevant parts of application form.....

Upon Accreditation the organisation agrees to comply with SANAS requirements.

I enclose a copy of the Policy Manual and procedures.

I enclose an application fee. I understand that this fee is not refundable.

I understand the manner in which the accreditation system operates and functions. SANAS does not accept any responsibility for the actions or the results of any actions of an accredited organisation. I, the undersigned agree, as the authorised officer of the applicant that any liability of SANAS which may arise due to negligence in terms of any accreditation is limited to a refund of the annual fee payable by the organisation.

I declare the information given in this application are correct to the best of my knowledge and belief. I undertake to inform SANAS immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to SANAS timeously.

Signed (<i>where electronically available</i>)	
Name	
Capacity	
Date	