



**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 Field Manager - (BBBEE)
Private Bag X23
Sunnyside
0132

Tel: (012) 394 3861
Fax: (012) 394 4861
E-mail: phindan@sanas.co.za
office@sanas.co.za

Courier Address:

SANAS, The dti Campus, 77 Meintjies Street, Building G, Ground Floor, Sunnyside, Pretoria, 0132

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

Please ensure that you are familiar with the application requirements before proceeding with the completion of this form. You are advised to read:

- SANAS document P24 "Assessment Process of a BEE Verification Agency";
- SANAS document R03 "Nominated Representatives and Signatories: Responsibilities, Qualifications and Approval" must be read before completing form F 18 "Application for Approval of Personnel" for recognition of nominated representatives and technical signatories.

This form is available electronically 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 electronically. A SANAS Accreditation Agreement will be sent to you for signing once SANAS receives your documents, and in order for a Document Review to be conducted. A quote will be issued to you once this application form is processed. Evidence of payment will be required prior to processing your document review. Please note, the application fee can be paid directly into SANAS' bank account.

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 remains valid for one year from the date of application.

Organisation			
Company Registration No.			
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>			
Specify if any licence to operate is applicable in the scope of accreditation applied for.			
Applicable Licence / Practice No.:			
Is your organisation operating in the voluntary or regulatory domain?			
List the applicable Act(s), regulations, Professional Councils or other, that your organisation or staff are required to operate in accordance with.			
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

*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**.*

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	
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Experience and training			

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

PART 4: SCOPE OF APPLICATION

List all the codes for which you seek accreditation.

SCHEDULE OF ACCREDITATION

Verification Agency Accreditation Number: ****

<p><u>Permanent Address of Verification Agency:</u> XXXXXXXXXXXXXX</p> <p><u>Postal Address:</u> XXXXXXXXXXXXXX</p> <p>Tel : Fax : E-mail :</p>	<p><u>Technical Signatory</u> : (As defined in SANAS R03 document)</p> <p><u>Nominated Representative</u> : (As defined in SANAS R03 document)</p> <p>Issue No. : Date of issue : Expiry date :</p>		
Codes and Regulations	Codes Series		Description
<p>For example:</p> <ul style="list-style-type: none"> • Codes of Good Practice on Black Economic Empowerment, Notice 112 of 2007 • B-BBEE Verification Manual, 18 July 2008 • Forest Sector Code, gazetted under Section 9 (1) of the BBBEE Act, 53 of 2003, 12 June 2009 	Generic Scorecard	Qualifying Small Enterprises (QSEs)	<p>Ownership</p>
	100	801	

Original date of accreditation: ****(Office Use)

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NOTE: Please complete the above schedule with the codes for which your organisation requires accreditation.

PART 5: DECLARATION			
<i>The Chief Executive Officer or authorised official must authorise this form.</i>			
The following is enclosed (<i>please indicate</i>) :			
Copy of the Policy Manual, procedures and <u>completed SANAS form F120 indicating where in the policy manual and procedures the requirements have been met.</u>		Application Fee (amount)see SANAS P14 doc.	
Other documentation <u>SEE NOTE 1</u> (<i>specify any attached to the application form and/or tick below</i>)			
NOTE 1			<u>Tick</u>
Documentation to be submitted prior to assessment is as follows:			
BEE Verification Agencies:			
a) Completed all relevant parts of application form			
b) Completed F18 "Application for Approval of Personnel"			
c) Signed SANAS Accreditation Agreement			
Note: This is a prerequisite for the continuation of the accreditation process			
<p>Upon Accreditation the organisation agrees to comply with SANAS requirements.</p> <p>I enclose a copy of the Policy Manual and procedures.</p> <p>I enclose an application fee. I understand that this fee is not refundable.</p> <p>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.</p> <p>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.</p>			
Signed			
Name			
Capacity			
Date			

PART 6: FOR SANAS OFFICE USE	
Field Manager Review of Application	
a) <i>Application complete and all relevant information and documentation received</i> Field Manager:Signature:.....	Date of receipt of completed application.
<u>Comments</u>	
b) <i>Internal Cost Estimate submitted to finance for quote</i>	Date:
<u>Comments</u>	
c) <i>Contract sent to facility</i>	Date:
<u>Comments</u>	
d) <i>Signed contract received from facility</i>	Date:
<u>Comments</u>	