

REQUEST FOR VERIFICATION

please return this completed document to bbbee@msctbee.co.za



MSCT BEE SERVICES
Making Significant Changes Together

TYPE OF BEE VERIFICATION SERVICE REQUIRED

please make your selection below in terms of your requirements

Will the above selection require a *consolidated group verification? _____

RELEVANT INDUSTRY / SECTOR CODE PARTICULARS

please make your selection below in terms of your core business operation(s)

please provide a description of the company's core income generating activities. In the event of various sources of income, please confirm the % of turnover for each business activity (source of turnover).

MOST RECENT (CURRENT) B-BBEE STATUS

leave those areas not applicable to this application blank

Has your company been awarded a BEE Certificate / status prior to this application, if yes:	Yes	No	N/A
Attach a copy of the most recent version thereof			
Specify the financial period that was assessed in terms of the above BEE Certificate and/or Affidavit, where applicable. (leave blank if not applicable)		to	
Specify the expiration date of the above referenced BEE Certificate			
When do you require your new BEE Certificate / Assessment to be issued by?			
What financial period (measurement period) is to be assessed in terms of this application being made? (leave blank if not applicable)		to	

B-BBEE VERIFICATION HISTORY

Did you make use of a *BEE Consultant prior to applying for verification services offered by MSCT BEE Services? If yes, please specify below:	Yes	No
i) the name of the BEE Consultant (individuals name)		
ii) the BEE Consultancy firm name for which this individual works		
**a third-party BEE Consultant is not permitted to represent the measured entity, and/or participate in any verification related dealings unless there is a legally binding Special Power of Attorney (SPOA) in place between an authorised representative from the measured entity and the BEE Consultant in question. A SPOA template can be obtained below, if required.		

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BUSINESS DETAILS (MEASURED ENTITY)

Registered Name of Business	
Trading Name (if applicable)	
Company Registration Number	
VAT Registration Number	
Total % Black Ownership as at current standing	
Majority of the Black Ownership derived via:	
Total number of permanent employees, as reflected per your payroll as at current standing	
Specify the financial year end of your most recently completed & issued Audited, Reviewed or Compiled Financial Statements (i.e. February 2021)	
Annual Turnover (in ZAR)	
Form in which the financial statements are to be presented to MSCT	

PHYSICAL ADDRESS (HEAD OFFICE)

Address Line 1	
Address Line 2	
Address Line 3	
Area Code	
Province	

ADDITIONAL SITES OF OPERATION or SUBSIDIARIES FOR *CONSOLIDATED VERIFICATIONS

Total number of additional sites / subsidiaries _____

Physical location of all additional site(s) of operation, or group subsidiary entities.

No. of permanent
employees per site

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AUTHORISED CONTACT PERSON

NOTE: It is hereby acknowledged that the authorised contact person assigned below holds the necessary authority to act on behalf of the Measured Entity in terms of the requested verification engagement, and that the content of this document is true and accurate to the best of our knowledge.

Authorised contact persons details:

Name	
Designation	
Email Address	
Office Number	
Mobile Number	

Signed & dated at: _____ on _____

Name of authorised representative _____

Signature of authorised representative: _____