

REQUEST FOR QUOTATION FOR B-BBEE VERIFICATION

COMPANY NAME	
NATURE OF BUSINESS/INDUSTRY	
% BLACK OWNERSHIP IN THE COMPANY	
ADDRESS	
CONTACT PERSON	
TEL & CELL NO.	
EMAIL ADDRESS	-
ANNUAL TURNOVER <i>(per last financials, please indicate which period will be used)</i>	
NUMBER OF EMPLOYEES <i>(on current payroll)</i>	
NO. OF SITES * <i>(if more than one, see schedule at the end)</i>	
NAME OF CONSULTANT WHO ASSISTED YOU	

MULTI-SITE LOCATIONS *	ADDRESS	NO. STAFF
1 - MAIN SITE		
2		
3		
4		
5		