

I, ______ (state full name of Applicant)

REQUEST FOR VERIFICATION

Confidential

Effective date: 28/06/2021

Duly, authorized representative of				(herein
referred to as "the Requesting Enterprise"),	hereb	y reques	t 4 th Dimension	Training Consultants,
to carry out the BEE Verification				
Particulars of Requesting Enterprise:				
[D :	1			
Registered name of business				
Contact person	Nam	e	Surname	Designation
(name, surname, designation)] = co.ga
(, , , , , , , , , , , , , , , , , , ,				
Telephone number	()	.	
Fax number	()		
Contact person: mobile number				
Contact person: e-mail address				
Maria Addisor				
Website Address				
Company registration number				
Company registration number				
Company VAT registration number				
Annual turnover				
State number and addresses of any branches				
of the requesting enterprise/ Is there more				
than 1 site from which the enterprise operates?				
(supply details)				
			Cod	le
1. Physical Address				
			Cod	le
Postal address				

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	Code	
2. Physical Address		
	Code	
Postal address		
	Code	
3. Physical Address		
	Code	
Postal address		
	Code	
Type of entity		
(please tick appropriate box)	Public Company	
	Private Company	
	Closed Corporation	
	Trust	
	Sole Proprietor	
	Partnership	
	Association	
Summary of main activity of requesting		
enterprise. State if similar activities are carried		
out at the branches referred to herein, and		
number of permanent employees at each		
branch.		
Please attached most recent company profile,		
signed and dated on company letterhead		
If more than 1 source of income, please specify		
the percentage of income for each source		
Number of permanent employees		
Other resources		
If you are part of a larger corporation, state		
your organization's functions and relationships		

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within laws or annuitation 0 attack conv. of	
within larger organization & attach copy of	
your organogram.	
Has 4 th dimension training consultants or any	
other organization or individual rendered any	
bee consulting services to you in the past 4	
years? If yes, please state date & name of	
organization/person that rendered bee	
consulting services to your organization within	
the previous 4 years of this application.	
Have you ever been verified by an independent	
verification organization? If yes, please attach	
copies of previous verification documentation	
Full names, race, gender and %	
shareholding/member interest of all the	
shareholding/members in your organization.	
Have you compiled all the information relating	
to the 5 different elements of the b-bee	
scorecard?	
Do you require your verification certificate on	
an urgent basis? If yes, state reason:	
Does a related party relationship exist between	
the requesting enterprise and 4 th Dimension?	Yes / No
	·
If yes, please answer the following questions:	
Is there a loan from the requesting	
enterprise?	
2. Is there common ownership between	
the requesting enterprise and 4 th	
Dimension?	
3. Will the Landlord-tenant relationship	
impact on the work of the verification	
agency?	
Any other factors you wish us to take notice	
of?	ļ
-	

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Terms and Conditions:

- ◆ Upon acceptance of the requesting enterprise's request for verification, **4th Dimension** shall furnish the requesting enterprise with a quotation and verification agreement which will need to be signed and submitted within 2 weeks.
- Should the requesting enterprise for whatsoever reason cancel its request for verification subsequent to the agreement being signed, the requesting enterprise shall be liable for a cancellation fee of 30% based on the agreed upon fee.
- 4th Dimension adheres to strict standards and controls and endeavors to ensure accuracy of all information supplied to the Requesting Enterprise and to reach the agreed deadlines. 4th Dimension commits to inform the requesting enterprise should any unforeseen delays occur. If 4th Dimension becomes aware of any material inaccuracies or errors occurring in the information supplied to the Requesting Enterprise, then 4th Dimension will take all reasonable steps to correct and remove the source.
- ◆ 4th Dimension shall not be liable for any loss or damages whatsoever suffered by the Requesting Enterprise from the agreement or any from any matter pertaining to this agreement or from any acts of deeds of whatsoever nature made or performed by 4th Dimension, its agents or employees or arising out of the Requesting Enterprise's use of its verification certificate or scorecard analysis report, nor shall 4th Dimension be liable for any consequential loss or damage of any nature whatsoever suffered by the Requesting Enterprise.
- ♦ The parties shall not be liable for any breach in their obligations, which are beyond their reasonable control.
- A quotation will be provided based on the turnover and number of employees

Signed and dated at	on this	day of	20
Signature of Applicant duly auth	norized thereto		
Full names of Applicant			

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Process for B-BBEE Verification

Applicant Enquiry		1 day
4 th Dimension issues the Request for Verification form to the applicant		1 day
4 th Dimension receives the completed application form and then provides the client with a quotation. The quotation is issued to the applicant together with the Verification Agreement.		10 days
When the quote is accepted, the client submits the signed quote and completed Verification Agreement to 4 th Dimension. The agreement is then signed by 4 th Dimension.		,
Initial visit: 4 th Dimension explains verification process and requirements to the client.		1 day
The client submits all required information for verification.		6 weeks
4 th Dimension issues a verification plan to the client 5 days prior to the on-site visit. Dates and times are included. The client accepts the verification plan.		3 weeks
4 th Dimension performs the on-site verification at the client's site/ office.		1 day
The Verification Manager approves the client's B-BBEE status. 4 th Dimension issues the verification certificate and scorecard.		14 days
4 th Dimension conducts a follow up evaluation/ annual evaluation.	V	Within 12 months Page - 5 - of 6



FOR OFFICIAL USE:

Are there sufficient resources to accept the	
request?	
Are there any risks involved in accepting the	
request?	
T. I	
Is the request for verification accepted?	
Sector Code applicable	
Sector Code applicable	
How is this confirmed?	
Number of entities to be measured?	
Verification analyst assigned to the entity	
Estimated date of on-site visit	
Committee Review: Date and decision	
Director	
Data	
Date	

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