



## **APPLICATION FOR ADMISSION TO PANEL OF PREFERRED SERVICE PROVIDERS**

### **GENERAL INFORMATION**

**All sections (1 - 6) of the application form needs to be completed.**

1. YES / NO Blocks  should be completed with an "X".
2. Only fully completed applications will be considered.
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5. Every director/member/owner/partner has to sign Section 6 (Application Declaration).
6. All relevant documents should be attached to this application for consideration.
7. "N/A" should be filled in fields not applicable to your company.
8. The Committee's decision is final and the application will only be reviewed when required.
9. This application may only be forwarded to Standard Insurance Limited.

**Please submit the following mandatory documents with your application form:**

1. Your Company Profile which includes trade references with contact details.
2. A certified copy of the CK1, CM1 or partnership agreement.
3. In the case of a Sole Proprietor, a letter from the Accounting Officer confirming your company's registered address.
4. A clear certified copy of all the directors/owners/members ID's.
5. The VAT registration certificate.
6. The SARS Tax Clearance Certificate – current financial year
7. Your Black Economic Empowerment Rating certificate or a letter from your accountant.
8. Proof of Banking Details – either a cancelled cheque, a bank statement or a letter from the bank confirming your account.
9. A Letter Head with your company name and contact details.

**RETURN ALL SUPPORTING DOCUMENTATION WITH THIS FORM TO**

PREPAID INSURANCE Procurement - Email : [procurement@prepaidinsurance.co.za](mailto:procurement@prepaidinsurance.co.za)

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## SECTION 1 – COMPANY DETAILS

COMPANY'S DETAILS									
Full Trading Name									
Full Registered Name (CIPRO)									
VAT Registered Name (SARS)									
Company Registration	<i>Sole Prop.</i>		<i>Partnership</i>		<i>Close corp.</i>		<i>Private corp.</i>		<i>Public corp.</i>
Registration Number									
VAT Number									
BEE Registration <i>1st preference will be given to:</i> <input checked="" type="checkbox"/> <i>entities with current and compliant BEE documentation</i> <input checked="" type="checkbox"/> <i>a minimum level 4 - including enterprises that are a 100% BEE owned.</i>	Certificate Number				Verification Agency Name				
	Level:	1	2	3	4	5	6	7	8
	Scorecard Type:	EME			QSE			Generic	
	Black Ownership	%							
	Black Woman Ownership	%							
PHYSICAL ADDRESS									
Street No.	Street Name		Suburb		City		Postal Code	Province	
PO Box No.	Private Bag Number		Suburb		City		Postal Code	Province	
GENERAL OFFICE DETAILS									
Accounting Contact Name									
Tele Number				Fax Number					
Email address									
Office Contact Person									
Office Details	Tel (1)					Tel (2)			
	Fax (1)					Fax (2)			
	Cell No.								
	Email								
CONTACT DETAILS OF OWNER – <i>To be used for official business / legal matters</i>									
Owner name									
ID number									
Cell Number				Email					



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BANK DETAILS (please submit a copy of either a cancelled cheque, a bank statement or a letter from the bank confirming your account)					
Account holder's name (as per cheque or bank statement)					
Account Number			Type of account		
Bank Name		Branch code		Branch Name	



## SECTION 2 - SERVICE CATERGORIES

### SERVICES OFFERED

<u>BUILDING</u>	<u>GENERAL SPECIALIST SERVICES</u>	
<p><b>Building Construction &amp; General Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air Conditioning</li> <li><input type="checkbox"/> Alarms</li> <li><input type="checkbox"/> Awnings</li> <li><input type="checkbox"/> Builders</li> <li><input type="checkbox"/> Carpentry &amp; Joinery</li> <li><input type="checkbox"/> Carpets</li> <li><input type="checkbox"/> Carports</li> <li><input type="checkbox"/> Ceilings &amp; Partitioning</li> <li><input type="checkbox"/> Demolition</li> <li><input type="checkbox"/> Electricians</li> <li><input type="checkbox"/> Electrical Fencing</li> <li><input type="checkbox"/> Electrical Incident Managers</li> <li><input type="checkbox"/> Electrical Repairs</li> <li><input type="checkbox"/> Excavation &amp; Filling</li> <li><input type="checkbox"/> Fencing &amp; Walling</li> <li><input type="checkbox"/> Flooring, Tiling, Paving</li> <li><input type="checkbox"/> Gate &amp; Garage Motors</li> <li><input type="checkbox"/> Glazing</li> <li><input type="checkbox"/> Gutters &amp; Down pipes</li> <li><input type="checkbox"/> Ironmongery</li> <li><input type="checkbox"/> Laminate Flooring</li> <li><input type="checkbox"/> Plastering</li> <li><input type="checkbox"/> Plumbing</li> <li><input type="checkbox"/> Pools &amp; Spa's</li> <li><input type="checkbox"/> Roof Repair</li> <li><input type="checkbox"/> Security &amp; Alarms</li> <li><input type="checkbox"/> Solar Geysers</li> <li><input type="checkbox"/> Thatching</li> <li><input type="checkbox"/> Tree felling</li> <li><input type="checkbox"/> Waterproofing</li> <li><input type="checkbox"/> Wooden Flooring</li> <li><input type="checkbox"/> Other</li> </ul> <p>Please specify</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 24/7/365 Contact Services</li> <li><input type="checkbox"/> On-Line Systems &amp; Services</li> <li><input type="checkbox"/> E-dealer Guide; Tenders; Vouchers; Credit Checks; Weather Reports</li> <li><input type="checkbox"/> Transunion Credit Bureau / ITC</li> <li><input type="checkbox"/> Weather Bureau</li> <li><input type="checkbox"/> Attorneys</li> <li><input type="checkbox"/> Auditors</li> <li><input type="checkbox"/> BEE Verification Agency &amp; Consultants</li> <li><input type="checkbox"/> Engineers</li> <li><input type="checkbox"/> Fire Forensics</li> <li><input type="checkbox"/> Investigators</li> <li><input type="checkbox"/> Loss Adjusters (Building &amp; Content Assessors)</li> <li><input type="checkbox"/> Surveyors</li> <li><input type="checkbox"/> Other</li> </ul> <p>Please specify</p>	
Do you use SABS approved products?	YES	NO

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## REQUIRED INSURANCE

**LIABILITY COVER** - PRE[AI]D FINANCE requires Service Providers to have adequate insurance in place for a minimum cover of R2 million to cover SBIS against any liability claims.

	<b>Public Liability Insurance</b> - general liability insurance to cover legal hassles due to accident, injuries and claims of negligence	<b>Product Insurance</b> - protects against financial loss as a result of a defect product that causes injury or bodily harm	<b>Professional Indemnity Insurance</b> - This type of liability coverage protects your business against malpractice, errors, and negligence in provision of services to your customers.	<b>Motor Trade Insurance</b> - provides cover against accidental damage to vehicles, parts and accessories whilst on the premises of the insured business or on the road.
<b>Name of Insurer / Broker</b>				
<b>Policy Name</b>				
<b>Policy Number</b>				
<b>Inception Date</b>	Y   Y   Y   Y   M   M   P   P   Y   Y   Y   Y   M   M   D   D   Y   Y   Y   Y   M   M   D   D   Y   Y   Y   Y   M   M   D   D			
<b>Limit of Indemnity</b>				
<b>Excess</b>				



## SECTION 4A - OWNER / DIRECTOR / MEMBER DETAILS

<b>OWNER / MEMBER DETAILS</b> - Provide accurate and full ownership details with supporting ID documentation; Owner's qualification, grant full permission for industry standard background checks												
Title	Mr.	Mrs.	Miss	Prof.	Dr.	Initials						
First Name												
Surname												
ID Number												
Qualifications	Matric	Diploma	Degree		Other:							
Professional Associations			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
Relevant Experience												
Have you ever been placed under administration order?			YES		NO							
If yes, date rescinded			Y	Y	Y	Y	M	M	D	D		
Have you ever been declared insolvent?			YES		NO							
If yes, date rehabilitated			Y	Y	Y	Y	M	M	D	D		
Have you ever been convicted of a criminal offence?			YES		NO							



## SECTION 4B - OWNER / DIRECTOR / MEMBER DETAILS

<b>OWNER / MEMBER DETAILS</b> - Provide accurate and full ownership details with supporting ID documentation; Owner's qualification, grant full permission for industry standard background checks												
Title	Mr.	Mrs.	Miss	Prof.	Dr.	Initials						
First Name												
Surname												
ID Number												
Qualifications	Matric	Diploma	Degree		Other:							
Professional Associations			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
Relevant Experience												
Have you ever been placed under administration order?			YES	NO								
If yes, date rescinded			Y	Y	Y	Y	M	M	D	D		
Have you ever been declared insolvent?			YES	NO								
If yes, date rehabilitated			Y	Y	Y	Y	M	M	D	D		
Have you ever been convicted of a criminal offence?			YES	NO								



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Title	Mr.	Mrs.	Miss	Prof.	Dr.	Initials						
First Name												
Surname												
ID Number												
Qualifications	Matric	Diploma	Degree		Other:							
Professional Associations			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
Relevant Experience												
Have you ever been placed under administration order?			YES	NO								
If yes, date rescinded			Y	Y	Y	Y	M	M	D	D		
Have you ever been declared insolvent?			YES	NO								
If yes, date rehabilitated			Y	Y	Y	Y	M	M	D	D		
Have you ever been convicted of a criminal offence?			YES	NO								



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First Name												
Surname												
ID Number												
Qualifications	Matric	Diploma	Degree		Other:							
Professional Associations			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
			From	Y	Y	Y	Y	M	M	D	D	
Relevant Experience												
Have you ever been placed under administration order?			YES	NO								
If yes, date rescinded			Y	Y	Y	Y	M	M	D	D		
Have you ever been declared insolvent?			YES	NO								
If yes, date rehabilitated			Y	Y	Y	Y	M	M	D	D		
Have you ever been convicted of a criminal offence?			YES	NO								



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<b>How many teams do you have to do the work?</b> Please list			
<b>Team Foreman Name</b>		<b>Foreman Qualifications</b>	<b>Amount of people in team</b>
<b>How many vehicles are used?</b> Please list			
<b>Type of vehicle</b>	<b>Registration Number</b>	<b>Condition of vehicle</b>	<b>Company name on vehicle</b>
			YES

**Please provide any information that might be of importance**



## SECTION 6 - APPLICATION DECLARATION

- I/We as the owner/members/directors of the company confirm that the information given by me/us is true, accurate and complete.
- I/We have provided all information that is directly relevant to my/our application.
- I/We hereby give Standard Insurance Limited permission to conduct a credit reference check.
- I/We consent to PREPAID INSURANCE carrying out Insurance Crime checks and sharing information related to this application with the South African Insurance Crime Bureau (SAICB).
- I/We am/are able to provide proof of certificates and qualifications listed in my/our application.
- I/We will respect the Committee and the decisions that are made regarding my/our application.

## OWNERS / MEMBERS / DIRECTORS

NAME: ..... SIGNATURE: .....

NAME: ..... SIGNATURE: .....

NAME: ..... SIGNATURE: .....

NAME: ..... SIGNATURE: .....

DATE: