



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.
3. Section 4 has to be completed according to the number of owners/directors/members.
4. Every director/member/owner/partner has to sign the relevant page in Section 4.
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.

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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

PREPAID FINANCE is under no contractual obligation or guarantee that a relationship will be entered into with the company herein.



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 a minimum level 4 - including enterprises that are a 100% BEE owned.</i> <input checked="" type="checkbox"/>	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 – To be used for official business / legal matters

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	

PREPAID INSURANCE
REG NO : 2010/096862/23
EMAIL : PROCUREMENT@PREPAIDINSURANCE.CO.ZA
CONTACT NUMBER : 0878222208

S23 MAPLE RD
25 JOUNGFRAU
MORNINGSIDE
DURBAN



SECTION 2 - SERVICE CATEGORIES

SERVICES OFFERED

BUILDING

Building Construction & General Services

- ☐ Air Conditioning
- ☐ Alarms
- ☐ Awnings
- ☐ Builders
- ☐ Carpentry & Joinery
- ☐ Carpets
- ☐ Carports
- ☐ Ceilings & Partitioning
- ☐ Demolition
- ☐ Electricians
- ☐ Electrical Fencing
- ☐ Electrical Incident Managers
- ☐ Electrical Repairs
- ☐ Excavation & Filling
- ☐ Fencing & Walling
- ☐ Flooring, Tiling, Paving
- ☐ Gate & Garage Motors
- ☐ Glazing
- ☐ Gutters & Down pipes
- ☐ Ironmongery
- ☐ Laminate Flooring
- ☐ Plastering
- ☐ Plumbing
- ☐ Pools & Spa's
- ☐ Roof Repair
- ☐ Security & Alarms
- ☐ Solar Geysers
- ☐ Thatching
- ☐ Tree felling
- ☐ Waterproofing
- ☐ Wooden Flooring

☐ Other

Please specify

GENERAL SPECIALIST SERVICES

- ☐ 24/7/365 Contact Services
- ☐ On-Line Systems & Services
- ☐ E-dealer Guide; Tenders; Vouchers; Credit Checks; Weather Reports
- ☐ Transunion Credit Bureau / ITC
- ☐ Weather Bureau
- ☐ Attorneys
- ☐ Auditors
- ☐ BEE Verification Agency & Consultants
- ☐ Engineers
- ☐ Fire Forensics
- ☐ Investigators
- ☐ Loss Adjusters (Building & Content Assessors)
- ☐ Surveyors

☐ Other

Please specify

Do you use SABS approved products?

YES

NO

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REQUIRED INSURANCE				
LIABILITY COVER - PRE[AID FINANCE requires Service Providers to have adequate insurance in place for a minimum cover of R2 million to cover SBIS against any liability claims.				
	Public Liability Insurance - general liability insurance to cover legal hassles due to accident, injuries and claims of negligence	Product Insurance - protects against financial loss as a result of a defect product that causes injury or bodily harm	Professional Indemnity Insurance - This type of liability coverage protects your business against malpractice, errors, and negligence in provision of services to your customers.	Motor Trade Insurance - provides cover against accidental damage to vehicles, parts and accessories whilst on the premises of the insured business or on the road.
Name of Insurer / Broker				
Policy Name				
Policy Number				
Inception Date	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D
Limit of Indemnity				
Excess				



SECTION 4A - OWNER / DIRECTOR / MEMBER DETAILS

OWNER / MEMBER DETAILS - Provide accurate and full ownership details with supporting ID documentation; Owner's qualification, grant full permission for industry standard background checks

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



SECTION 4B - OWNER / DIRECTOR / MEMBER DETAILS

OWNER / MEMBER DETAILS - Provide accurate and full ownership details with supporting ID documentation; Owner's qualification, grant full permission for industry standard background checks

Title	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Prof.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name																
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Qualifications	<input type="checkbox"/>	Matric			<input type="checkbox"/>	Diploma			<input type="checkbox"/>	Degree			Other:			
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									From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relevant Experience																
Have you ever been placed under administration order?	<input type="checkbox"/>	YES				<input type="checkbox"/>	NO									
If yes, date rescinded	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Have you ever been declared insolvent?	<input type="checkbox"/>	YES				<input type="checkbox"/>	NO									
If yes, date rehabilitated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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SECTION 4B - OWNER / DIRECTOR / MEMBER DETAILS

OWNER / MEMBER DETAILS - Provide accurate and full ownership details with supporting ID documentation; Owner's qualification, grant full permission for industry standard background checks

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									From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
									From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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How many teams do you have to do the work?					
Please list					
Team Foreman Name	Foreman Qualifications			Amount of people in team	
How many vehicles are used?					
Please list					
Type of vehicle	Registration Number	Condition of vehicle		Company name on vehicle	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

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: