

REQUEST FOR VERIFICATION

Issued by: HR Planning

Approved by: Verification Manager

Kindly complete the following Company information, all sections to be completed:

| 1. | Company Name: | | | | | | |
|-----|-----------------------------------|------------------|-----------------------|---------------|-----------|--------------------------|----------------------|
| 2. | Use of B-BBEE consultancy | | | | | | |
| | over the last 2 years (specify | | | | | | |
| | consultancy name and date if | | | | | | |
| | applicable, HR Planning is not | | | | | | |
| | a consultant): | | | | | | |
| 3. | Sector (incl. description of | | | | | | |
| | general function): | | | | | | |
| 4. | Relationship with HR Planning | | | | | | |
| | as a verification agency (if any, | | Yes | | No | | |
| | ex. Shareholding, ex- | | | | | | |
| | employee, director): | | | | | | |
| 5. | Language preference of | | | | | | |
| | verification analyst? | English | | | Afrikaans | | |
| 6. | How urgent does the on-site | | Urgent | | Wit | hin normal timeline | of 4-6 weeks |
| | verification need to be | | | | | | |
| | performed? | | | | | | |
| 7. | Head office address (postal): | | | | ı | | |
| | | | | | | | |
| 8. | Head office address (physical): | | | | | | |
| | | | | T | | | 1 |
| 9. | Please indicate which | Ownership | Management Control | Skills Develo | opment | Preferential | Socio |
| | elements will be verified: | | Control | | | Procurement ED & SD | Economic Development |
| 10 | Which of the following will be | Financial sta | tements | Managemen | t Accoun | ts, including ledgers ar | · |
| 10. | provided for verification? | i iiiaiioiai oto | | returns | | io, including loagers at | |
| 44 | • | , | | | | NI- | |
| 11. | Have the measured entity | Yes | | No | | | |
| | implemented the YES | | | | | | |
| | programme? | | | | | | |
| 12. | How many entities is included | | | | | | |
| | in this verification? | | | | | | |
| 10. | Contact information of authorize | zed represe | ntative: | | | | |

| Contact person | | |
|---|---|---|
| Fax number | | |
| Office number | | |
| Cellular | | |
| E-mail | | |
| Website | | |
| 11. Measured entity details - (base | d on last financial year) | |
| Registration no | | |
| VAT no | | |
| Total no of employees | | |
| Turnover | | |
| Number of sites | | |
| Location of sites if not the same as Head office: | Would Employees be available for interviews at the Head office address: | Would HR Planning need to travel to any additional sites for employee |
| nead office. | interviews at the nead office address. | interviews: |
| | | |
| | Yes / No | Yes / No |
| | | |
| | | |
| | Step 1: | |
| | Step 1: Request for verification made by client | t |
| | Request for verification made by client Step 2: | t . |
| | Request for verification made by client | t . |
| | Request for verification made by client Step 2: Initial meeting | t |
| | Step 2: Initial meeting Step 3: Pre-assessment | t |
| | Step 2: Initial meeting Step 3: | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) Step 4: | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) Step 4: Analysis by verification agency Step 5: | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) Step 4: Analysis by verification agency | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) Step 4: Analysis by verification agency Step 5: On-site verification Step 6: | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) Step 4: Analysis by verification agency Step 5: On-site verification | |
| | Step 2: Initial meeting Step 3: Pre-assessment (Document review) Step 4: Analysis by verification agency Step 5: On-site verification Step 6: | |