



RATING QUESTIONNAIRE

This form should be fully completed in clear print CAPITAL letters and faxed back to Pretoria on 086 652 4736 or email: gseandgeneric@moselaratings.co.za and for Cape Town 086 698 6435 or email: gseandgeneric.cpt@moselaratings.co.za

GENERAL COMPANY INFORMATION

<i>Enterprise Name</i>	
<i>Trading Name</i>	
<i>VAT registration number</i>	
<i>Company Registration Number</i>	
<i>Income Tax Number</i>	
<i>PAYE Reference Number</i>	
Enterprise type	
	<i>Public company</i> <input type="checkbox"/>
	<i>Private company (Pty) Ltd</i> <input type="checkbox"/>
	<i>CC</i> <input type="checkbox"/>
	<i>Partnership</i> <input type="checkbox"/>
	<i>Sole owner</i> <input type="checkbox"/>
	<i>Others: (Please specify)</i>
Physical Address	
<i>Street No & Name</i>	
<i>Suburb</i>	
<i>City</i>	
<i>Postal Code</i>	
Postal Address	
<i>P.O. Box No.</i>	
<i>Post Office</i>	
<i>City</i>	
<i>Postal Code</i>	

CONTACT DETAILS

<i>Contact Person</i>	
<i>Position</i>	
<i>Email</i>	
<i>Telephone</i>	
<i>Fax</i>	
<i>Cellular</i>	

TYPE OF APPLICANT

Please tick in the applicable box

<i>New Applicant</i> <input type="checkbox"/>	<i>Re-rating</i> <input type="checkbox"/>
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ENTERPRISE STATUS

<i>What was the total annual turnover for the last financial period? (Financial Period as per CIPRO or CIPC Documents)</i>	
<i>Do you have audited financial statements for the last financial period?</i>	
<i>What is the enterprise's total number of employees?</i>	
<i>What is the enterprise's total number of branches?</i>	
<i>Is the enterprise's BEE ownership direct?</i>	
<i>If yes, number of BEE partners / shareholders?</i>	
<i>Shareholding percentage for BEE partners / shareholders?</i>	
<i>Has the enterprise used a BEE Consultant (Someone helping you to achieve a high score) prior to applying for BEE verification?</i>	
<i>If yes, please name the BEE Consultant?</i>	
<i>The date, month and year in which the BEE Consultation took place?</i>	
<i>Are there any related companies to this Enterprise?</i>	
<i>If yes, what is the total number of the related entities?</i>	
<i>If yes, please provide first six by name, company registration and nature of relationship;</i>	

<p><i>Which Sector does your enterprise subscribe to if any?</i></p> <p><i>It is mandatory to tick in the box next to the Sector your enterprise subscribes to or please specify in the space provided if not listed.</i></p>	<i>Agriculture</i> <input type="checkbox"/>
	<i>Construction</i> <input type="checkbox"/>
	<i>Education</i> <input type="checkbox"/>
	<i>Financial</i> <input type="checkbox"/>
	<i>Forestry</i> <input type="checkbox"/>
	<i>Health</i> <input type="checkbox"/>
	<i>ICT</i> <input type="checkbox"/>
	<i>Media, Advertising & Communication</i> <input type="checkbox"/>
	<i>Mining</i> <input type="checkbox"/>
	<i>Property</i> <input type="checkbox"/>
	<i>Transportation</i> <input type="checkbox"/>
	<i>Tourism</i> <input type="checkbox"/>
<i>Others (Please Specify)</i>	
<i>If your enterprise operates in more than one Sector, please state exactly the Sector in which its main operations / income is derived?</i>	
<i>What is the percentage of the enterprise's main income as answered in the above question?</i>	

DECLARATION

Name

Designation

I acknowledge that:

1. Am the duly authorised representative and the information provided above is to the best of my knowledge, true and accurate.
2. The information provided to **Mosela Rating Agency** is complete and can be used to process our request for the B-BBEE rating.
3. I am not aware of any conflict of interest that may arise by commissioning **Mosela Rating Agency** to carry out the B-BBEE rating. Should any come to light, written notification will be sent to **Mosela Rating Agency** stating such, and **Mosela Rating Agency** shall handle this as per their internal policy.

THUS DONE and SIGNED at _____ on this ____ day of _____ 201__.

Witnesses:

For and on behalf of

1. _____

(Company Name)

By

Who warrants his authority hereto (signature)