



APPLICATION FORM

The purpose of this application form is to provide HL Business Consultants (Pty) Ltd with sufficient information to quote you accurately in order to provide the selected service(s). Completing of this application form as well as supporting documentation is required before HLBC can proceed with any services.

CONFIDENTIALITY

HLBC adheres to the highest standards of conduct and moral behaviour and shall perform all services with due care, competence and diligence. HLBC respects the confidentiality of information acquired during the course of performing our services and shall not use or disclose any such information without proper and specific authority.

Please complete the attached application form and forward it to:

Attention: Natascha Geering
Phone: 082 584 5720
Email: natascha@hlbc.co.za

Company Name	ENTITY DETAILS		
Trading Name			
Registration number		VAT number	
Turnover	R	Current monthly SDL amount	R pm
Physical address		Postal address	

TYPE OF ENTITY
(please mark with an X)

Public company Ltd	<input type="checkbox"/>	Private company (Pty) Ltd	<input type="checkbox"/>	Closed Corporation (CC)	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Other	<input type="checkbox"/>	Specify:			
Please explain nature of business:					
Industry sector:					
Tourism	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Chartered Accountancy	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
- Contractor	<input type="checkbox"/>				
- BEP	<input type="checkbox"/>				
Number of staff (all branches combined also including Top Management)					
Number of branches (including Head Office)					

CONTACT DETAILS

Contact person		Title	
Designation		Email address	
Telephone		Cellphone	
Fax number		Website address	

BLACK OWNERSHIP

Total ownership by Black/ Coloured/ Indian or Chinese persons (%)		Ownership by Black/ Coloured/ Indian or Chinese Females (%)	
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SERVICES

Please select the services you are applying for:

B-BBEE Verification		B-BBEE Consulting	
Skills Development submissions		Occupational Health & Safety	
Employment Equity		Training	
ISO Consulting			

TO BE COMPLETED BY APPLICANT (ENTITY)

The completed application form must be signed on behalf of the entity by a duly authorised signatory.

Name

Date

Signature