



P.O. Box 35936  
Menlo Park, 0102

Tel 012 323 1113  
Fax 086 517 9360

City Towers, Suite 205  
227 Van Der Walt Street  
Pretoria, 0002

[info@bizco.co.za](mailto:info@bizco.co.za)  
[www.bizco.co.za](http://www.bizco.co.za)

## Service Provider Application 2012 / 2013

Registered Company Name:

Trading Name of Company:

Company Registration Numbers:

VAT Registration Number/s:

Income Tax Registration Number/s:

B-BBEE: Certificate Number/s:

Expiry Dt:

Level:

Company E-mail Address:

Company Website Address:

Company Contact Person:

Telephone Number/s:

Code

Number/s

Fax Number/s:

Code

Number/s

Contact E-mail Address:

Business Activities:

Company Type:

- >> Public Company
- >> Private Company
- >> Close Corporation
- >> Sole Proprietor
- >> Partnership
- >> Trust
- >> Section 21 Company

Business Sector:

  
  
  
  
  
  


- >> Information Technology
- >> Coaching / Mentoring / Training
- >> Advertising / Marketing
- >> Human Resources / Recruitment
- >> Call Centre/s
- >> Agriculture
- >> Construction / Renovation

Company Physical Address:

  
  
  


Code

Company Postal Address:

  
  
  


Code

Business Sector [Continued]:

  
  
  
  
  


- >> Automotive / Transport
- >> Catering / Accommodation
- >> Commercial Agents
- >> Communications / Public Relations
- >> Community / Social Services
- >> Finance / Administration / Services
- >> Government / Parastatal



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>> Government / Parastatal

>> Joint Venture

>> Consortium

>> Cooperative

>> Other [Specify]

>> Electricity / Gas / Water / Environment

>> Manufacturing

>> Mining / Quarrying

>> Retail / Trade

>> Wholesale

>> Personal Services

>> Repair / Maintenance / Allied Services

>> Other [Specify]

Select employees whom would be most suited to render the services offered in your organisation:

Name	Race	Gender	Management	Technical / Specialist	Total
A. Name	B/W/C/I	M/F	Y/N	Y/N	#

Business References: [Minimum 3 references required]

Company Name [1]:

Physical Address or Website Address:

Company Contact Person:

Telephone Number/s:

Code

Number/s

Fax Number/s:

Code

Number/s

Contact E-mail Address:

Contract Value

R 0.00

Duration:

Months:

Start Dt:

dd/mm/yyyy

End Dt:

dd/mm/yyyy

Description of work performed

Company Name [2]:



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<b>Physical Address or Website Address:</b>			
<b>Company Contact Person:</b>			
<b>Telephone Number/s:</b>	<b>Code</b>	<b>Number/s</b>	
<b>Fax Number/s:</b>	<b>Code</b>	<b>Number/s</b>	
<b>Contact E-mail Address:</b>			
<b>Contract Value</b>	R 0.00		
<b>Duration:</b> <b>Months:</b> <input style="width: 50px;" type="text"/>	<b>Start Dt:</b>	<b>End Dt:</b>	<input style="width: 100px;" type="text"/>
<b>Description of work performed</b>			
<b>Company Name [3]:</b>			
<b>Physical Address or Website Address:</b>			
<b>Company Contact Person:</b>			
<b>Telephone Number/s:</b>	<b>Code</b>	<b>Number/s</b>	
<b>Fax Number/s:</b>	<b>Code</b>	<b>Number/s</b>	
<b>Contact E-mail Address:</b>			
<b>Contract Value</b>	R 0.00		
<b>Duration:</b> <b>Months:</b> <input style="width: 50px;" type="text"/>	<b>Start Dt:</b>	<b>End Dt:</b>	<input style="width: 100px;" type="text"/>
<b>Description of work performed</b>			
<b>Document/s to be attached with your application:</b>			
>> Company Registration Document/s	<input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/>		
>> Copy of Identity Document of each Member / Partner / Director			
>> Original Valid Tax Clearance Certificate			
>> Original B-BBEE / EME Certificate			
>> Company Profile			
<b>Applications can be hand delivered or posted to:</b>			



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**General Declaration**

I / We certify that the information provided is correct and that I / we, am / are authorised to represent the registered company named in this application.

Q

Signed in \_\_\_\_\_ [town / city] on \_\_\_\_\_ [day] of \_\_\_\_\_ [month], 20 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Names

\_\_\_\_\_  
Full Names

\_\_\_\_\_  
Full Names

\_\_\_\_\_  
Identity Number/s

\_\_\_\_\_  
Identity Number/s

\_\_\_\_\_  
Identity Number/s