

## APPLICATION FOR REGISTRATION- AR003 (v1)

**Note:** The time taken to process the application is dependent on the thorough completion of this form. Please observe the following basic principles. Write in black pen. Print one letter per box. Take the time to complete all sections of the document and attach relevant documentation where necessary.

### SECTION A: COMPANY DETAILS

For office use only App No:

Company Name

Trading Name

Postal Address

Physical Address

Postal Code

Town

#### Region

☐ Eastern Cape ☐ Free State ☐ Gauteng ☐ KwaZulu-Natal ☐ Mpumalanga ☐ Northern Cape ☐ Limpopo ☐ N/West Province ☐ Western Cape

Telephone Number

( ) - ( )

Fax Number

( ) - ( )

Cell Number

( )

E-mail address

( )

Year Started Trading

( )

Number of Houses built during the last three years

Number of Employees

( )

Year

( )

Number

( )

Year

( )

Number

( )

Year

( )

Number

( )

Company Registration Number

( ) / ( ) / ( )

VAT Registration Number

( )

Please attach copies of all the relevant registration documentation

Bargaining Council Registration Number

( )

#### Type of legal persona/institution

- ☐ Close Corporation  
☐ Partnership  
☐ Sole Trader  
☐ Trust  
☐ PTY (Ltd)  
☐ Ltd  
☐ PLC  
☐ PHD  
☐ Municipality

#### Main Business Area

- ☐ Home Building Developer  
☐ Home Building Contractor  
☐ Alterations and Additions  
☐ Estate Agent  
☐ General Contractor  
☐ Subsidy Housing  
☐ Other

#### How many units do you intend to build this year?

- ☐ 0-5 ☐ 51-75  
☐ 6-10 ☐ 76-100  
☐ 11-15 ☐ 101-250  
☐ 16-20 ☐ 250-500  
☐ 21-30 ☐ 501-1000  
☐ 31-50 ☐ 1001 or more

#### Type of building to be erected

- ☐ Single Storey  
☐ Double Storey  
☐ More than two Storeys  
☐ Apartment Blocks  
☐ Conventional Masonry  
☐ Timber Framed (SABS 082)  
☐ Rational Design  
☐ Agrément Certified

#### HDI status

Yes ☐ No ☐

HDI% ☐

Women% ☐

Disabled% ☐

Black% ☐

Women% ☐

HDI Management ☐

BEE% ☐

Total ☐

Any Company using a building system (non-traditional construction) must please request a Form BS001. This document is to be completed by the company and handed in together with the AR003 application form.



## SECTION B: DIRECTOR DETAILS

Please complete the following details for all Company Directors. Copies of the relevant ID book must accompany this application form.

Managing Director									
Title	Initials	Surname	Shareholding	ID Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Qualifications <input type="text"/>									
Experience <input type="text"/>									

  

Title	Initials	Surname	Shareholding	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications <input type="text"/>				
Experience <input type="text"/>				

  

Title	Initials	Surname	Shareholding	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications <input type="text"/>				
Experience <input type="text"/>				

  

Title	Initials	Surname	Shareholding	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications <input type="text"/>				
Experience <input type="text"/>				

  

Title	Initials	Surname	Shareholding	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications <input type="text"/>				
Experience <input type="text"/>				

  

Title	Initials	Surname	Shareholding	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications <input type="text"/>				
Experience <input type="text"/>				

Should there be more than 7 directors, please copy this page and add the relevant directors.







## SECTION D1: BANK REFERENCE

Your bank will be approached to provide a credit rating. A cheque account is essential for this purpose rather than a savings account. A letter from your bank outlining the scope of your general banking facilities may speed up this application process.

Application process:

Bank

Branch

Clearing Number  -  -

Account Number

☐ Cheque ☐ Savings ☐ Transmission

Account Number

☐ Cheque ☐ Savings ☐ Transmission

Name of Manager

Telephone Number  (  ) -

Fax Number  (  ) -

## SECTION D2: CLIENT REFERENCES

Give the names of THREE people for whom you have completed building work (preferably new homes if you have built any). These people may be asked for their views on your quality of work. For speedy processing a working hours contact telephone number is most helpful.

Title	Initials	Surname	Day Telephone Number	Evening Telephone Number
Physical Address			Town	
Postal Address			Town	Code
Date Completed	Price of Contract			
	R			

Title	Initials	Surname	Day Telephone Number	Evening Telephone Number
Physical Address			Town	
Postal Address			Town	Code
Date Completed	Price of Contract			
	R			

Title	Initials	Surname	Day Telephone Number	Evening Telephone Number
Physical Address			Town	
Postal Address			Town	Code
Date Completed		Price of Contract		



## SECTION D3: SUPPLIER REFERENCES

Give the names of THREE suppliers that you use on a regular basis, who can comment on your credit worthiness and the quantities of your material purchases. If you purchase cash only, please attach copies of three recent invoices.

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>	Telephone Number ( <input type="text"/> ) - <input type="text"/>
Company <input type="text"/>			Fax Number ( <input type="text"/> ) - <input type="text"/>
Physical Address <input type="text"/>		Town <input type="text"/>	
Postal Address <input type="text"/>	Town <input type="text"/>	Code <input type="text"/>	

  

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>	Telephone Number ( <input type="text"/> ) - <input type="text"/>
Company <input type="text"/>			Fax Number ( <input type="text"/> ) - <input type="text"/>
Physical Address <input type="text"/>		Town <input type="text"/>	
Postal Address <input type="text"/>	Town <input type="text"/>	Code <input type="text"/>	

  

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>	Telephone Number ( <input type="text"/> ) - <input type="text"/>
Company <input type="text"/>			Fax Number ( <input type="text"/> ) - <input type="text"/>
Physical Address <input type="text"/>		Town <input type="text"/>	
Postal Address <input type="text"/>	Town <input type="text"/>	Code <input type="text"/>	

## SECTION D4: PROFESSIONAL REFERENCES

Give the names of TWO professionals you use on a regular basis, who can comment on your reputation and quality of your work.

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>	Telephone Number ( <input type="text"/> ) - <input type="text"/>
Company <input type="text"/>			Fax Number ( <input type="text"/> ) - <input type="text"/>
Physical Address <input type="text"/>		Town <input type="text"/>	
Postal Address <input type="text"/>	Town <input type="text"/>	Code <input type="text"/>	

  

Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>	Telephone Number ( <input type="text"/> ) - <input type="text"/>
Company <input type="text"/>			Fax Number ( <input type="text"/> ) - <input type="text"/>
Physical Address <input type="text"/>		Town <input type="text"/>	
Postal Address <input type="text"/>	Town <input type="text"/>	Code <input type="text"/>	

An example of a professional reference would be a building inspector, an architect, a quantity surveyor or TLC inspector.



## SECTION E: TECHNICAL MANAGEMENT OR CONTROL

All registered members must maintain adequate levels of technical control to monitor and maintain construction quality. These persons may be approached to explain the technical management control systems in your company. This applies to development companies as well as to contracting companies.

### The Person responsible for Construction Quality in your Company.

ID No.

Title	Initials	Surname	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number		Fax Number	Cell Number
<input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>	<input type="text"/>

Qualifications	<input type="text"/>
Experience	<input type="text"/>

Has this person received a copy of the Home Building Manual? ☐ Yes ☐ No

On Registration your company will be obliged to meet these requirements. Please ensure he has this document and takes appropriate action in sufficient time.

### The Engineering Firms you normally use for Engineers Foundation Design and Certificates.

Foundation design is an important component of NHBRC's Home Building Manual (See Part 1, Section 2) and Dwelling Enrolment Procedures. Please provide the relevant engineers' details.

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Company			Fax Number
<input type="text"/>			<input type="text"/> - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Company			Fax Number
<input type="text"/>			<input type="text"/> - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### The Contractors you normally use if you are a Developer

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Company			Fax Number
<input type="text"/>			<input type="text"/> - <input type="text"/>
Postal Address		Town	Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Company			Fax Number
<input type="text"/>			<input type="text"/> - <input type="text"/>
Postal Address		Town	Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

Please provide on a separate schedule an explanation of how you monitor the construction quality of your contractors.



## SECTION F: AFTER SALES CUSTOMER SERVICE / NHBRC CONTACT

All registered members are obliged to meet their obligations to housing consumers and the Council in terms of the Housing Consumer Protection Measures Act.

### The Person responsible for After Sales Customer Service in Your Company

ID No.

Title Initials Surname Position

Telephone Number ( ) - Fax Number ( ) - Cell Number

Qualifications

Experience

### The Person who will be the main NHBRC contact?

ID No.

Title Initials Surname Position

Telephone Number ( ) - Fax Number ( ) - Cell Number

Qualifications

Experience

## SECTION G: PAYMENT DETAILS

To process your application, a payment of R750 must be received. If it is not received, your application will not be processed. This application fee is non-refundable. You may wish to pay the annual registration fee (an additional R600-00) at the same time. This will assist in speeding up the process once your application is approved. If your application is rejected, this annual registration fee will be refunded.

Payment may be made either by cash, cheque or direct deposit into the NHBRC's account. Please attach either the payment or proof of the direct deposit to this Application form.

BANK: First National Bank  
Account Number: 62081366520 Branch Code: 255005

## SECTION H: DECLARATION

I, the undersigned, being duly authorised to sign this application, hereby certify that the information provided in this document is accurate and complete as at the date of application.

I, on behalf of the applicant, understand that it is an offence in terms of Section 21 of the Housing Consumer Protection Measures Act to knowingly withhold information or to furnish information that I know to be false or misleading required in terms of this Act. I also know that on conviction of such an offence, I, or the directors, trustees, managing members or officers of the applicant home builder may be subject to a fine not exceeding R25 000 or to imprisonment not exceeding one year on each charge.

I understand that the applicant home builder must comply with the terms of the Housing Consumer Protection Measures Act and any subsequent Regulations issued in terms of this Act.

I hereby authorise the Council to make such enquiries as necessary to verify the information contained on this form.

I attach my application fee.

Signature of Authorised Representative of Applicant

Please Print Name

Position

Date Completed

d d m m y y y y



## SECTION I: FINANCIAL

The NHBRC requires some financial details of your company in order to assess your day to day business operations.

What was your turnover during the previous three years?

**Year 1**

R		

**Year 2**


**Year 3**

R		

**Expected Turnover for Current Year**

R		
R		

Trading Profit or loss in the last three years:

Year 1      Year 2      Year 3

R    R    R

☐ Profit   ☐ Loss   ☐ Profit   ☐ Loss   ☐ Profit   ☐ Loss

Please attach a one page schedule detailing your current fixed assets and liabilities. If available, the previous three year's financial statements and/or your business plan should also be attached to the application form.

## SECTION J : GUARANTEES

### Is your Company a Subsidiary?

☐ Yes ☐ No

All subsidiaries require a Parental Company Guarantee. The Parental Company Guarantee is a letter signed by an authorised official of the Parent company, agreeing to take responsibility for any warranty obligations of the subsidiary should that subsidiary company default. This letter, on the parent company letterhead, must accompany your application.

Parental Company Name															Contact Person (Title and Name)																			
Parental Company Registration Number															Telephone Number										Fax Number									
															( ) -										( ) -									
Registered Address															Town															Code				

## SECTION K : TRADE ASSOCIATIONS

<b>Name of Trade Association</b>	
<b>Member's Initials</b>	<b>Member's Surname</b>
<b>Membership Number</b>	

## DOCUMENTS ATTACHED

Have you attached all the necessary documents to this application? Please tick each box where necessary.

Copy of ID documents of all Directors?	<input type="checkbox"/>	Copy of Registrar of Companies registration documents?	<input type="checkbox"/>
Copy of VAT registration certificate?	<input type="checkbox"/>	Copy of Industrial Council Registration Certificate?	<input type="checkbox"/>
Any schedules requested by the NHBRC?	<input type="checkbox"/>	Copies of invoices if you purchase cash only from suppliers?	<input type="checkbox"/>
Financial Statements/Business Plan?	<input type="checkbox"/>	Parental Guarantee?	<input type="checkbox"/>
Copy of cancelled cheque?	<input type="checkbox"/>		

**FOR NHBRC OFFICE USE ONLY**

Application Fee	<input type="radio"/> Cheque Received	<input type="radio"/> Cash Received	<input type="radio"/> Deposit Slip Received
Membership Fee	<input type="radio"/> Cash Received	<input type="radio"/> Cash Received	<input type="radio"/> Deposit Slip Received
Home Building Manual	<input type="radio"/> Cheque Received	<input type="radio"/> Cash Received	<input type="radio"/> Deposit Slip Received
Receipt of Documents	<input type="radio"/> Regional Office	<input type="radio"/> Post	<input type="radio"/> Central Office
			<input type="radio"/> Courier