NHBRC Central Office 10 Muswell Road South Phase 4 Medscheme Building Bryanston, Johannesburg

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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	DETAILS	
Trading Name		
Postal Address	Physical Address	
Postal Code	Town	
Region Comparison of the comp	O O O O O O O O O O O O O O O O O O O	O O N/West Province Western Cape
Telephone Number	Fax Number	Cell Number
((
Year Started Trading Number of Employees	Number of Houses built during Year Number Year Number	actionadical
Company Registration Number VAT Registration Number Bargaining Council Registration Number	Please att relevant r	tach copies of all the registration
Type of legal Main Business Area		Should there be
Type of legal persona/institution Close Corporation Partnership Sole Trader Trust PTY (Ltd) Ltd PLC PHD Municipality Main Business Area Home Building Devel Home Building Conf Home Building Conf General Contractor Subsidy Housing Other	eloper 0-5 51-75 erected Single Storey	Yes No HDI% Women% Disabled% Black% Women%

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 Dire	ector	RECETER		Fax: +27(0) 51 377 5056
Title	Initials	Surname	Shareholding	ID Number
		Charle 1600	Advis	
Qualification	S			
Experience			d ni salviv salqısı d ni salviv salqıs	Note: The time taken to indeas the Appensor Please page to Delive Deving believe please.
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Title	Initials	Surname	Shareholding	ID Number
Qualifications				A mamusi notimization (mampo)
Experience	00 100 200			

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

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If at any point, a complaint is made against your company and investigation reveals that the above is inaccurate, this may lead to you being de-registered.

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SECTION D1: BANK REFERENCE

Your bank will be approached to provide a credit rating. A ch savings account. A letter from your bank outlining the scope application process.	eque account is essential for this purpose rather than a of your general banking facilities may speed up this
Bank Branch	Clearing Number
Account Number	Account Number Cheque
□ Savings	□ Savings
Name of Manager Telephone Nu	□ Transmission
Name of Manager Telephone Nu (Fax Number () -
SECTION D2: CLIENT REFERENCES	THE RESERVE OF THE PARTY OF THE
Give the names of THREE people for whom you have completed people may be asked for their views on your quality of work. For smost helpful.	building work (preferably new homes if you have built any). These speedy processing a working hours contact telephone number is
Title Initials Surname	Day Telephone Number Evening Telephone Number
Physical Address	Town
PRIBAR SAME AND THE SAME AND TH	Bie haldeniff ynngmos
Postal Address ·	Town
Date Completed Price of Contract	
- R	SCOTION C. COURT ACTIONS II EGAL IN
Title Initials Surname	Day Telephone Number Evening Telephone Number
ord under Judical Management or Charles	
Physical Address	Town
Table 1 Total 1 Total 2 Total	Company Director st
Postal Address	Town Code
Date Completed Price of Contract	
R	
Title Initials Surname	Day Telephone Number Evening Telephone Number
Physical Address	own Country Co
Postal Address	own Code
	3006
Date Completed Price of Contract	
- R	
ONC) NOT CONTROL TO SECURITION OF THE CONTROL	is any legal action instituted against you presently pending as the re- blakes sitach a schedule giving details.
eitled out of count/decided in count in the	

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 Initials Surname Telephone Number Indianage normal and
Time the containe telephone number (
Company Fax Number
Telephone Humber — (S) Number
Physical Address Town
Postal Address Town Code
Title Initials Surname Telephone Number
Company
Company Fax Number
Physical Address Town
Postal Address Town Code
Title Initials Surname Telephone Number
Postal Atende
Company Fax Number
Physical Address Town smamu2 statistic at the control of the contr
Postal Address Town Code
SECTION DA: PROFESSIONAL REFERENCES
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 Initials Surname Telephone Number
Title Initials Surname Telephone Number
Company Fax Number
()-
Physical Address Town
Company Sa Names
Postal Address Town Code
Politi Address Distriction Court
Title Initials Surname Telephone Number
Company Fax Number
Physical Address Town
Postal Address Town Code

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												
Telephone Number Fax Number	Cell Number											
	Physical II Actions											
Qualifications												
Experience												
Has this person received a serve of the Harry Dutlet and the												
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 (Foundation design is an important component of NHBRC's Home Building Manual (See Part 1, Section the relevant engineers' details.	2) and Dwelling Enrolment Procedures. Please provide											
T/4 1 1 1/2 1 2	Telephone Number											
												
Company	Fax Number											
Physical Address Town												
	Title Introduced Services											
Postal Address Town	Code											
Title Initials Surname	Felephone Number											
)-											
Company	Fax Number											
Physical Address	(
Physical Address Town												
Postal Address Town	Code											
	Code											
	dail											
The Contractors you normally use if you are a Developer												
Title Initials Surname												
	Telephone Number											
Company	Fax Number											
Postal Address Town	Code											
Title Initials Surname	elephone Number											
Company	ax Number											
Postal Address Town												
Postal Address Town	Code											
(100)												
Please provide on a separate schedule an evaluation of the												
Please provide on a separate schedule an explanation of how you monitor the cons	truction quality of your contractors.											

SECTION F: AFTER SALES CUSTOM	ER SERVICE	E / NHBI	RC CON	ITACT		100
All registered members are obliged to meet their obligations to housing col						asures Act
The Person responsible for After Sales Customer Service		ID No.				T T T
Title Initials Surname	Position	n [18/40	
				18	Care	
Telephone Number Fax Number		Cell	Number	idt ni emsi	no litera	Tri min
()-	5547				Yese
Qualifications	18690		40	med		ПП
Experience					va dogil	
		233	MARIA	11314	A1710	1103
ANY AND STREET			Evialbi	y a Subs	прато!) typy at
The Person who will be the main NHBRC contact?		ID No.	noO esternis	8 Million	0 00 00	A de la
Title Initials Surname	Position	1	men Ipopa			T. thurston
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Telephone Number Fax Number		Cell	Number			
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Qualifications		-				
Experience					HIDDAY 0	Riteriespoor
SECTION G: PAYMENT DETAILS To process your application, a payment of R750 must be recorded to the process of the payment of R750 must be recorded to the process of the payment of the process of the payment of the process of the process of the payment of the process of the payment of the process of the payment of the pa	o the NHBRC's accoun	ation fee (an oved. If your	additional application	R600-00) n is rejec	at the steed, this	same s annual
Account Number: 62081366520 Branch Code: 25	55005	of atnemuoc	ecessary do	d all the r	orlochs	daya you
SECTION H: DECLARATION I, the undersigned, being duly authorised to sign this application, accurate and complete as at the date of application.	hereby certify that the	he informatio	n provided i	n this doo	cument is	s
I, on behalf of the applicant, understand that it is an offence in ter Act to knowingly withhold information or to furnish information that I also know that on conviction of such an offence, I, or the director builder may be subject to a fine not exceeding R25 000 or to imp	at I know to be false ors, trustees, managi	or misleading	g required in	terms of	thie Act	
I understand that the applicant home builder must comply with that any subsequent Regulations issued in terms of this Act.	e terms of the Housi	ing Consume	er Protection	Measure	s Act an	nd
hereby authorise the Council to make such enquiries as necess	sary to verify the info	rmation conta	ained on this	form.		
attach my application fee.						
ignature of Authorised Representative of Applicant	Pleas	se Print Name				
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SECTION I: FINANCIAL	SECULAR SECULA	of the last test to the last test test to the last test test test test test test test t
The NHBRC requires some financial details	of your company in order to assess your day	to day business operations.
What was Year 1 Year 2		Expected Turnover for Current Year
during the	THE CUSTOM SERVICE IN THE SERVICE STREET	R
previous three years?	R	R
Trading Profit or loss in the last three years:	Fax Number	Telephone Number
Year 1 Year	ar 2 Year	3
	R,	\square R, \square , \square
☐ Profit ☐ Loss	☐ Profit ☐ Loss	☐ Profit ☐ Loss
Please attach a one page schedule detailing yo statements and/or your business plan should al	our current fixed assets and liabilities. If available so be attached to the application form.	, the previous three year's financial
SECTION J : GUARANTEES	THE RESERVE OF STREET	THE RESIDENCE OF THE PARTY OF T
Is your Company a Subsidiary?		○ Yes ○ No
All subsidiaries require a Parental Company Gu the Parent company, agreeing to take responsit default. This letter, on the parent company letter	narantee. The Parental Company Guarantee is a bility for any warranty obligations of the subsidiary thead, must accompany your application.	Company and the film of the company of the company
Parental Company Name	Contact Person (Title and Name)	
admu/ lip3		Tedesula andcolin
Parental Company Registration Number	Telephone Number	ax Number
	(Quant cattons - (
Registered Address	Town	Code
		NON BUTECHE
SECTION K: TRADE ASSOCIA	ATIONS	PROPERTY AND ADDRESS.
Name of Trade Association	T DETAILS	SECTION 6: PAYMEN To process your application, a payr
Member's Initials Member's Surname	Membership Num	nber
Propose principal and principal according to the	the code of 150 BAW and stight to expell the file of exceeds	A serve of team has marks awher he carb.
DOCUMENTS ATTACHED	THE RESIDENCE OF THE PARTY OF T	direct deposit to this Application form.
Have you attached all the necessary documents t	o this application? Please tick each box where ne	ecessary.
	ALION	SECTION H: DECLAR
Copy of ID documents of all Directors?	Copy of Registrar of Companies registration documents?	. He undersigned, being duly authorit
Copy of VAT registration certificate?	Copy of Industrial Council Registration Certificate?	accurate and complete as at the late
Any schedules requested by the NHBRC?	Copies of invoices if you purchase cash only from suppliers?	on behalf of the applicant, undersured to knowingly withhold information.
Financial Statements/Business Plan?	Parental Guarantee?	aito know that on conviction of such builder bay be subject to a fine not es
Copy of cancelled cheque?		
FOR NHBRC OFFICE USE ON	Y	
Application Fee Cheque Received	Cash Received	O Deposit Slip Received
Membership Fee Cash Received	Cash Received	O Deposit Slip Received
Home Building Manual Cheque Received	Cash Received	O Deposit Slip Received
Receipt of Documents Regional Office	O Best	
Tregional Office	O Post Central Office	Courier