RESOLVE
CONSULTANCY
SAFER PEOPLE | STRONGER ENVIRONMENTS | BRIGHTER TOMORROWS

APPROVED SERVICE PROVIDER — REGISTRATION FORM

Please complete all sections in full and return with supporting documents to info@resolveconsultancy.com

1. COMPANY DETAILS

Company / Trading Name	
Registered Legal Name (if different)	
Company Registration Number	
VAT Registration Number	
B-BBEE Level (if applicable)	
Physical / Business Address	
Postal Address	
Date Business Established	

2. DIRECTOR / OWNER DETAILS

Full Name of Director(s) / Owner(s)	
Identity Number	
Position / Title	
Cell Number	
Email Address	

3. QUALIFICATIONS & EXPERIENCE

Relevant Qualifications / Certifications	
Professional Body Membership / Accreditation	
Years in Operation	
Years of Relevant Industry Experience	
Key Past Projects / References	

4. SERVICES OFFERED

Please describe the service(s) your company provides and the geographic area(s) covered.

Service(s) Offered	

Industry / Sector Specialisation	
Area(s) / Region(s) Covered	
Availability (e.g. hours, call-out, emergency)	

5. CONTACT DETAILS

Primary Contact Person	
Contact Number (Office)	
Contact Number (Mobile)	
Email Address	
Website (if applicable)	

6. BANKING DETAILS

Account Holder Name	
Bank Name	
Branch Name & Code	
Account Number	
Account Type	

7. REQUIREMENTS — DOCUMENTS TO BE SUBMITTED

The following documents must accompany this form. Applications submitted without these will not be considered.

- Company registration documents (CIPC registration certificate / CK / COR documents)
- Valid Tax Clearance Certificate / SARS Tax Compliance Status PIN
- Proof of business banking account (bank-stamped confirmation letter or certified bank statement, not older than 3 months)
- Proof of Public Liability Insurance / Professional Indemnity cover (certificate of insurance, showing cover amount and expiry date)
- Certified copies of director(s')/owner(s') identity documents
- Certified copies of relevant qualifications, licences, and/or accreditations
- B-BBEE certificate or affidavit (if applicable)
- Company profile / portfolio of previous work (optional but encouraged)

8. DECLARATION

I/We confirm that the information provided in this form and its supporting documents is true and correct. I/We understand that any false information may result in disqualification from Resolve Consultancy's approved service provider list.

Signature		**Date**	
Full Name		**Position**	