HEAD OFFICE

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PHYSICAL ADDRESS

27 Leeuwkop Road Sunninghill Johannesburg

2191

POSTAL ADDRESS

PO Box 461 Randburg 2125



APPLICATION FOR REGISTRATION- AR003 (41)

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.

	For office use only App No:
SECTION	A: COMPANY DETAILS
Company Name	
Trading Name	
Postal Address	Physical Address
Postal Address	
	Postal Code Town
Region O Eastern Cape	O O O O O O O O O O O O O O O O O O O
	For Number Cell Number
Telephone	
E-mail add)S
Year Star	Trading Number of Houses built during the last three years Year Number Year Number Year Number
Number	Employees
	stration Number
	stration Number / / / / / / / / / / / / / / / / / / /
Company Re	stration Number / / / / / / / Please attach copies of all the

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 Dir	ector		
Title	Initials	Surname	Shareholding ID Number
Qualification	ıs		
Experience			
Title	Initials	Surname	Shareholding ID Number
Qualification	s		
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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.

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.
Bank Branch Clearing Number Account Number Cheque Account Number Cheque Savings 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
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
Postal Address Town Code
Date Completed Price of Contract R

SECTION D3: SUPPLIER REFERENCES

quantities of your material purchases. I	at you use on a regular basis, who can comme f you purchase cash only, please attach copies	nt on your credit worthiness and the of three recent involces.
Title Initials Surname		Telephone Number
Company		Fax Number (
Physical Address Postal Address	Town Town	Code
Title Initials Surname		Telephone Number
Company		Fax Number
Physical Address	Town	
Postal Address	Town	Code
Title Initials Sumame		Telephone Number
Company		Fax Number (
Physical Address	Town	
Postal Address	Town	Code
Postal Address	Town	Code
SECTION D4: PROFESS	SIONAL REFERENCES	
SECTION D4: PROFESS Give the names of TWO professionals y		n your reputation and quality of your work.
SECTION D4: PROFESS	SIONAL REFERENCES	
SECTION D4: PROFESS Give the names of TWO professionals y	SIONAL REFERENCES	n your reputation and quality of your work.
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SECTION D4: PROFESS Give the names of TWO professionals y Title Initials Surname Company	SIONAL REFERENCES ou use on a regular basis, who can comment of	n your reputation and quality of your work. Telephone Number Fax Number
SECTION D4: PROFESS Give the names of TWO professionals y Title Initials Surname Company Physical Address Postal Address	SIONAL REFERENCES ou use on a regular basis, who can comment of	rn your reputation and quality of your work. Telephone Number Fax Number Code
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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.
Title Initials Surname Position
Telephone Number Fax Number Celi Number
Qualifications
Experience
Has this person received a copy of the Home Building Manual? O Yes ONo
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
<u> </u>
Company Fax Number
Physical Address Town
Postal Address Town Code
Postal Address Town Code
Title Initials Surname Telephone Number (
Company Fax Number (
Physical Address Town
Postal Address Town Code
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 Telephone Number
Company Fax Number
Postal Address Town Code
Please provide on a separate schedule an explanation of how you monitor the construction quality of your contractors.
i 1985 prostat on a seperate equestion an expansion of new yes memor use consument quanty or year contractors,
3774506743

AFTER SALES CUSTO	

All registered members are obliged to meet their obligation	ons to housing consumers and the Council in terms of the Housing Consumer Protection Measures Act.
The Person responsible for After Sales Cust	omer Service in Your Company ID No.
Title Initials Sumame Telephone Number Fax	Position Number Cell Number
Qualifications	
Experience	
The Person who will be the main NHBRC co	Position Number Cell Number
Qualifications	
Experience	
This application top is non-refundable You m.	AILS 50 must be received. If it is not received, your application will not be processed. ay wish to pay the annual registration fee (an additional R600-00) at the same as once your application is approved. If your application is rejected, this annual
Payment may be made either by cash, cheque or di direct deposit to this Application form.	rect deposit into the NHBRC's account. Please attach either the payment or proof of the
BANK: First National Bank Account Number: 62081366520 Bra	anch Code: 255005
SECTION H: DECLARATION	
I, the undersigned, being duly authorised to sign accurate and complete as at the date of application	this application, hereby certify that the information provided in this document is on.
Act to knowingly withhold information or to furnish	an offence in terms of Section 21 of the Housing Consumer Protection Measures n information that I know to be false or misleading required in terms of this Act. I, or the directors, trustees, managing members or officers of the applicant home 25 000 or to imprisonment not exceeding one year on each charge.
I understand that the applicant home builder mus any subsequent Regulations issued in terms of the	t comply with the terms of the Housing Consumer Protection Measures Act and nis Act.
I hereby authorise the Council to make such enqu	uiries as necessary to verify the information contained on this form.
l attach my application fee.	
Signature of Authorised Representative of Applicant	Please Print Name
Position	Date Completed d d m m y y y y

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SECTION I: FINANCIAL	为引起(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(3. 信不多必要地面對於特別的數學的數學
The NHBRC requires some financial details	of your company in order to a	ssess your day to day business operations.
What was Year 1 Year your turnover during the previous three years?	2 Year 3	Expected Turnover for Current Year R
Trading Profit or loss in the last three years:	•	, ,
Year 1 Y	ar 2 R ,	Year 3 R ,
Please attach a one page schedule detailing yo	our current fixed assets and liab	ilities. If available, the previous three year's financial
statements and/or your business plan should a	ilso be attached to the application	n form.
SECTION J : GUARANTEES		华尔(1)。其中,对于西部市中国公司2008年
Is your Company a Subsidiary?	varantae The Descript Consumo	○ Yes ○No
the Parent company, agreeing to take responsi default. This letter, on the parent company letter	bility for any warranty obligations	Guarantee is a letter signed by an authorised official of of the subsidiary should that subsidiary company plication.
Parental Company Name	Contact Person	(Title and Name)
Parental Company Registration Number	Telephone Number	Fax Number
Registeréd Address	Town	Code
SECTION IV. TRADE ASSOCI		
CIECTION KITRADE ASSOCI	ATIONS	
Name of Trade Association	AIIONS	
		Membership Number
Name of Trade Association Member's Initials Member's Surname DOCUMENTS ATTACHED		
Name of Trade Association Member's Initials Member's Surname		
Name of Trade Association Member's Initials Member's Surname DOCUMENTS ATTACHED		ach box where necessary.
Name of Trade Association Member's Initials Member's Surname DOCUMENTS ATTACHED Have you attached all the necessary documents	to this application? Please tick e Copy of Registrar of Compandocuments? Copy of Industrial Council Re	es registration
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Member's Initials Member's Surname DOCUMENTS ATTACHED Have you attached all the necessary documents Copy of ID documents of all Directors? Copy of VAT registration certificate? Any schedules requested by the NHBRC? Financial Statements/Business Plan? Copy of cancelled cheque? FOR NHBRC OFFICE USE ON	to this application? Please tick e Copy of Registrar of Compandocuments? Copy of Industrial Council Re Certificate? Copies of invoices if you purch from suppliers? Parental Guarantee?	es registration gistration mase cash only
Name of Trade Association Member's Initials Member's Surname DOCUMENTS ATTACHED Have you attached all the necessary documents Copy of ID documents of all Directors? Copy of VAT registration certificate? Any schedules requested by the NHBRC? Financial Statements/Business Plan? Copy of cancelled cheque? FOR NHBRC OFFICE USE ON Application Fee () Cheque Received	to this application? Please tick e Copy of Registrar of Compandocuments? Copy of Industrial Council Re Certificate? Copies of invoices if you purcifrom suppliers? Parental Guarantee?	es registration gistration nase cash only Deposit Slip Received