

QUESTIONNAIRE: SERVICE PROVIDER/COMPANY

Please note that failure to provide the requested information would result in the disqualification of the Service Provider /Company from the Security Screening process.

Registered name of Company/Service Provider:

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Trading name

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Details of Company/Service Provider:

Postal Address:

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Physical Address:

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Web Address:

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Company / CC Registration No:

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UIF no:

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Workman's Compensation no:

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PSIRA no:

(Attach copy of certificate)

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VAT no:

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Tax (SARS) no:

(Attach copy of certificate)

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PAYE Reg. no.

List of Directors:

Attach: fingerprints form, Fingerprints consent form and a copy of ID (certified)

Director Full names:

Gender

ID No.

Director Full names:	Gender	ID No.

Previous convictions /Summons /Judgement /Adverse/Collections

Nature

Year

Outcome

Nature	Year	Outcome

List of employees that would render the service:

Full names:	Gender	ID No:

Previous convictions /Summons /Judgement /Adverse/Collections

Nature	Year	Outcome

Contracts previously awarded to Company/Service Provider:

Department:	Description:	Place:	Year:

RESTRICTED (when completed)

Contact Persons at Company/Service Provider;

Name and Surname:	
Tel no:	
Cell no:	
E-Mail Address:	
Fax no:	

Name and Surname:	
Tel no:	
Cell no:	
E-Mail Address:	
Fax no:	

References/Contacts/acquaintances within the Department:

Names:	Position:	Relationship:

Additional Information:

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RESTRICTED (when completed)



state security

State Security Agency
**REPUBLIC OF SOUTH
AFRICA**

**PERMISSION FOR FINGERPRINTS TO BE TAKEN
(PERSONNEL/SECURITY CLEARANCE PURPOSES)**

I,

The undersigned, with identity number

And residing at

Hereby give permission for my fingerprints to be taken by an authorized employee of the National Intelligence Agency or the South African Police Service.

Furthermore I grant permission for my fingerprints to be sent to the criminal record centre of the South African Police Service to obtain information concerning my criminal background, history, previous convictions and/or any other relevant information that may be provided by the criminal record centre on form SAP69, for personnel purposes exclusively.

SIGNED AT

ON

200

.....
SIGNATURE

WITNESSES

1.

2.

RESTRICTED (when completed)

FINGERPRINTS FOR SECURITY CLEARANCE

IDENTITY NO.										MALE		FEMALE	
SURNAME					FULL FIRST NAMES								
RACE		DATE OF BIRTH			COUNTRY AND PLACE OF BIRTH								
THUMB		FOREFINGER		MIDDLE FINGER		RING FINGER		LITTLE FINGER					
1		2		3		4		RIGHT HAND					
6		7		8		9		LEFT HAND					
LEFT HAND					RIGHT HAND								
Plain impressions of the our fingers taken simultaneously					Plain impressions of the our fingers taken simultaneously								
LEFT THUMB		FOR OFFICIAL USE ONLY						RIGHT THUMB					
		FP NO.											
		CR NO.											
		FP CLASS											
IF YOU HAVE EVER BEEN CONVICTED OF ANY OFFENCE STATE PLACE, DATE AND SENTENCE:								SIGNATURE OF APPLICANT					
I CERTIFY THAT THE ABOVE APPLICANT'S SIGNATURE WAS PLACED ON THIS FORM IN MY PRESENCE. SIGNATURE OF OFFICIAL RESPONSIBLE													
INITIALS AND SURNAME								DESIGNATION (RANK)					
BUSINESS ADDRESS								(STREET ADDRESS)					
DATE								PLACE					

RESTRICTED (when completed)