Business Turnaround and Recovery (BT&R)
Call For Application
Service Provider Application Form

Independent consultants can capture “N/A” to questions that are not applicable to them.

Use a tick (√) to indicate your options. This PDF is fillable: click any box to type, and click a tick box to insert a tick. Save the completed form before submitting it.

SECTION 1: PARTICULARS OF APPLICANT

a) Type of Applicant: Organisation / Company ☐ Independent Consultant ☐

b) Registered Name of the Company or Name of the Independent Consultant:

c) Trading Name:

d) Type of Company: Close Corporation ☐ Pty Ltd ☐ Other (specify):

e) Company Registration Number:

f) Income Tax Number:

g) VAT Registration Number:

h) Names and ID Numbers of Director/s:

Name of the Director/s	ID Number	Employer

i) Business Address:

City: Province: Code:

j) Postal Address:

City: Province: Code:

k) Contact Person: Name: Surname:

l) Telephone Number: Alternative Number:

m) Email Address:

n) Province/s where your Company Operates (Tick √):

GP ☐ NW ☐ LP ☐ WC ☐ FS ☐
NC ☐ KZN ☐ MP ☐ EC ☐

SECTION 2: APPLICANT'S RELEVANT EXPERIENCE

a) Company's Brief Profile (Main business activities, Specialisations etc.):

b) Sectors/Industry of Focus (Tick √):

Agriculture & Farming	☐	Information & Communication Technology	☐
Arts & Culture	☐	Investment Incentives	☐
Automotive & Components	☐	Manufacturing	☐
Business & Professional Services	☐	Metals & Machinery	☐
Chemicals, Plastic Fabrication & Pharmaceuticals	☐	Mining & Quarrying	☐
Cleaning Services	☐	Non-Profit Organisation	☐
Clothing, Textiles, Leather & Footwear	☐	Pharmaceutical	☐
Construction & Engineering	☐	Pulp, Paper & Furniture	☐
Creative Design	☐	Safety & Security	☐
Education & Training	☐	Sports	☐
Electricity, Gas & Water	☐	Trade, Catering & Accommodation	☐
Entertainment & Media	☐	Transport, Storage & Communication	☐
Financing, Insurance, Real Estate & Business Services	☐	Travel & Tourism	☐
Fisheries, Hunting & Forestry	☐	Waste Management	☐
Food & Beverages	☐	Wholesale & Retail Trade	☐
Government & Public Services	☐		
Hair & Beauty	☐		
Healthcare	☐		
Other. If Other, specify below:	☐		

If Other, specify below:

c) From the list below, indicate the relevant areas of expertise in which you have proven experience and want your application to be considered. Use point 5 below for any other services not listed in this form (Tick √):

1. Productivity Improvement Services	☐
2. Financial Services	☐
3. Marketing and Communications	☐
4. Human Resource Development	☐

5. Other Expertise:

d) Please list a maximum of 3 relevant projects which you have completed in the past:

Name of the Project	Name of the Client	Period (From, To)	Value (R)

e) Total Number of Relevant Years' Experience:

f) Years of Experience working in Business Consulting and Advisory:

SECTION 3: QUALIFICATIONS AND EXPERIENCE OF APPLICANT'S PROPOSED TEAM

Name of the Team Members	Academic Qualification/s	Areas of Expertise	Years of Relevant Experience

SECTION 4: MANDATORY SUPPORTING DOCUMENTS

Please ensure that all relevant documentation listed below is submitted together with your application form. Applications submitted without the required supporting documents will be disqualified. Should you require further clarification, please contact us before submitting your application.

Tick (√) to confirm that each required document has been attached:

a) Company profile.	☐
b) Company registration documents.	☐
c) Valid tax clearance certificate and pin.	☐
d) BEE certificate (for companies) or BEE Exemption Affidavit.	☐
e) Completed SBD 4, Declaration of interest.	☐
f) Bank confirmation letter.	☐
g) Central Supplier Database report and number.	☐
h) Comprehensive CVs of proposed key team members detailing relevant consulting offerings.	☐
i) Certified Copies of certification and qualification of Directors or team members assigned to Productivity South Africa.	☐
j) Three signed reference letters (including the contact information from companies) detailing the experience of similar services offered.	☐

SECTION 5: ACCEPTANCE

The Service Provider

I, _____ in my capacity as the _____

accept that the information provided in the Service Provider Application Form is correct and completed to my satisfaction.

Signed: _____ on this _____ day of _____ year _____