

Person whom CETA should contact in any queries arise regarding the completed

| Please Provide Contact Details | |
|---------------------------------------|--|
| Name of the Organisation | |
| Contact Person | |
| Position/Job Title | |
| Telephone Number | |
| Fax Number | |
| Email Address | |
| Postal Address | |

Section A: State of the Enterprise (please tick or cross were appropriate)

1. Location of the Business

| | |
|----------------------------|----------------------|
| Registration / Legal Name | <input type="text"/> |
| Trading Name | <input type="text"/> |
| Ls Number | <input type="text"/> |
| Municipality / City / Town | <input type="text"/> |

2. Indicate type of Ownership / Type of the Organisation

| | |
|------------------------|----------------------|
| Individual | <input type="text"/> |
| Partnership | <input type="text"/> |
| Public Company | <input type="text"/> |
| Public cooperation | <input type="text"/> |
| Close Corporation | <input type="text"/> |
| Co-operative Society | <input type="text"/> |
| Government Enterprises | <input type="text"/> |
| Joint Venture | <input type="text"/> |
| Other Specify | <input type="text"/> |

3. Are you a Non Paying Levy Enterprise

| | |
|------------|-----------|
| YES | NO |
|------------|-----------|

If yes, which category describe your Enterprise best

| | |
|-----------------------------|----------------------|
| Non Government Organisation | <input type="text"/> |
| Community Base Organisation | <input type="text"/> |
| Community-Base Co-operative | <input type="text"/> |

4. Which best describe the state of the enterprise

| | |
|--------------|----------------------|
| Active | <input type="text"/> |
| Dormant | <input type="text"/> |
| Deregistered | <input type="text"/> |
| Closed | <input type="text"/> |
| Liquidation | <input type="text"/> |

5. Which is your Enterprise Core Business

| | |
|--------------------------------|--|
| Professional Build Environment | |
| Construction Constructing | |
| Material Manufacturing | |

Section B: Skill Training and satisfaction Information

Is your enterprise a learning Organisation

| | |
|------------|-----------|
| YES | NO |
|------------|-----------|

Do you have difficulty obtaining trained staff

| | |
|------------|-----------|
| YES | NO |
|------------|-----------|

If yes specify below

| | Occupation or Skill |
|--|---------------------|
| 1. Managers | |
| | |
| 2. Professionals | |
| | |
| | |
| 3. Technicians and Trade Worker | |
| | |
| | |
| 4. Machine Operator and Drivers | |
| | |
| | |

Do you have difficulty in getting accredited Training Providers

| | |
|------------|-----------|
| YES | NO |
|------------|-----------|

If yes specify below

Level of importance (1 = most important and 5= less important)

| | |
|-----------|----------------|
| 1. | Skill Training |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Section C: Ownership and profitability (this section is solely intended to determine support on BEE in the sector)

What percentage of ownership is held by black individuals

| % of voting right | % of shares held |
|-------------------|------------------|
| | |

Staff Profile

| Staff Members | Total | Black | White |
|----------------------------------|-------|-------|-------|
| Director / Owner | | | |
| Professionals | | | |
| Trade Workers | | | |
| Site Agent | | | |
| Others (not Captured specify) | | | |
| | | | |
| | | | |

What is the turnover for the last financial year

General Comment