



**BUREAU
VERITAS**

**BUREAU VERITAS CERTIFICATION APPLICATION FORM
(MBR National Grading Criteria)**



(All fields to be filled)

| | | | | | | | |
|---|----------------|--------------------------|--------------------------------------|--------------------------|--------------------|--------------------------|----|
| Name of MBR | | | | | | | |
| Name of the designated person | | | | | | | |
| Designation | | | | | | | |
| Telephone Number | | | | | | | |
| Mobile Number | | | | | | | |
| Email Address | | | | | | | |
| Name of Association the MBR belongs to | | | | | | | |
| Location | Province | | City | | | | |
| | Street Address | | Postal Code | | | | |
| Duration of business operation | | | Insurer Panel | | | | |
| Annual Turnover | | | Proof Attached | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Number of employees | | | | | | | |
| BBEEE Level | | | Proof Attached | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Percentage of Black Ownership | | | Percentage of Black Female Ownership | | | | |
| MIBCO Registration Number | | | Workman's compensation/RMA Number | | | | |
| Tax Certificate | | | Proof Attached | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Letter of Good Standing | | | Proof Attached | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| MIBCO Letter of Intent | | | Proof Attached | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| MIBCO Letter of exemption or proof of confirmation of application | | | Proof Attached | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Type of Inspection | Certification | <input type="checkbox"/> | Re-Certification | <input type="checkbox"/> | Surveillance Audit | <input type="checkbox"/> | |
| Preferred Inspector/Auditor Requirements | | | | | | | |

SIGNATURE

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Name | | | | | | |
| Capacity | | | | | | |
| Signature | | | | | | |
| Date | | | | | | |

FOR OFFICE USE ONLY

| | | | | | | |
|----------------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-----|--------------------------|
| Meet SAIA Criteria | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Payment Period | Full Payment in advance | <input type="checkbox"/> | Full payment after Audit | <input type="checkbox"/> | | |
| Invoice | SAIA | <input type="checkbox"/> | Association | <input type="checkbox"/> | MBR | <input type="checkbox"/> |
| Appointment | Appointment Scheduled | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | |
| Appointment Date | | | Appointed Auditor | | | |
| Payment Received | | | | | | |
| Date MBR was Contacted | | | | | | |
| Self Audit explained & Contacted | | | | | | |
| Self Audit Received | | | | | | |