

Kindly complete this form in full.

Postal Code _____
Postal Address _____

STUTTAFFORD VAN LINES (PTY) LTD
STUTTAFFORD VAN LINES (PTY) LTD
1998/021521/07
4040183651
INTERNATIONAL & NATIONAL HOUSEHOLD FURNITURE
011 206 1500 REMOVAL & STORAGE
011 388 0409
WWW.STUTTAFFORDVANLINES.COM
23 AXLE ROAD, CLAYVILLE, OLIFANTSFONTEIN
1666
PO BOX 987, HALFWAY HOUSE, 1685

Full Name
Position/ Job Title
Telephone Number
Email Address
Physical Address

JULIE MUNRO
NATIONAL CORPORATE SALES MANAGER
011 206 1912
julie.munro@stuttafoidvanlines.com
23 AXLE ROAD, CLAYVILLE, OLIFANTSTONTEIN
1166

% Black Ownership
% Black Women Ownership

(Please indicate your Contribution Level by placing an X in the relevant shaded box)

Level Contributor	Level 1-8		7	
Other Contributor	Foreign Owned	Monopolistic		None Profit

(Please indicate your Annual Turnover by placing an X in the relevant shaded box)

Annual Turnover	R0 – R5m	R5m – R35m	R35m +	X
Requirements	Letter confirming turnover	BEE Certificate	BEE Certificate	

If your company qualifies as an Exempted Micro Enterprise, i.e. the turnover is less than R5 million per annum, kindly attach a letter signed by your auditors or a certificate from a verifications agency confirming that fact (specimen letter is attached). If these supporting documents are provided, you will be exempt from having to engage in the B-BBEE rating process. *However, this will not exempt your company from having to complete this form.*

If your company has been rated by an independent rating agency, please attach the certificate and report to this form and return to us.

If you are in the process of being rated, kindly attach a letter from the rating agency confirming that information.

Name _____

Position

On behalf of

Signature

Date _____

: JULIE MUNRO
: NATIONAL CORPORATE SALES MANAGER
: STUTTGART VAN LINES
: *Julie Munro*
: 19 08 2004