**Partner Panel Beater Application form**

**COMPANY DETAILS**

*Kindly Complete the Form below and tick with an “X” where applicable.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name |  | | | | | | Number of Years in Business | | | |  | |
| Company Registration No: |  | | | | | | Number of Employees | | | |  | |
| Type of Business (Tick with “X”) | Sole Proprietor | | |  | Partnership | |  | | PTY (Ltd) | | |  |
| Member of Industry Body (Tick with “X”) |  | | | Yes |  | | No | |  | | | |
| If Yes, Which One? |  | | | | | | | | | | | |
| Compliance | UIF | | If Yes, Provide UIF Reference Number | | | COIDA | | | | If yes, provide COIDA Reference Number | | |
| YES | NO |  | | | YES | | NO | |  | | |
| Registered for Tax | | If yes, provide Tax Reference Number | | | VAT Registered | | | | If Yes, Provide VAT Number | | |
| YES | NO |  | | | YES | | NO | |  | | |

**BUSINESS ADDRESS AND CONTACT INFORMATION**

*Kindly Complete the Form below and tick with an “X” where applicable.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Address | Street Address |  | | | | | | | | |
| Building Name |  | | | | | | | | |
| Town |  | | | | | | | | |
| Province |  | | | | Postal Code | |  | | |
| Premises Owned or Leased | | Leased |  | Owned |  | | Other | |  |  |
| Business Contact Information | Cell Number |  | | | | | | | | |
| Office Number |  | | | | | | | | |
| Alternative No. |  | | | | | | | | |
| Email Address |  | | | | | | | | |

**DIRECTOR(S) INFORMATION**

*Kindly Complete the Form below and tick with an “X” where applicable.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total Number of Directors |  | |  | | | |
| Director Full Names and Surname |  | | | | | |
| Identity Number |  | | | | | |
| Physical Address | Street Address |  | | | | |
| Building Name |  | | | | |
| Town |  | | | | |
| Province |  | | | Postal Code |  |
| Contact Information | Cell Number |  | | | | |
| Alternative No. |  | | | | |
| Email Address |  | | | | |
| Next of Kin Details | Names and Surname |  | | | | |
| Relationship |  | Contact No. | |  | | |
| Director Full Names and Surname |  | | | | | |
| Identity Number |  | | | | | |
| Physical Address | Street Address |  | | | | |
| Building Name |  | | | | |
| Town |  | | | | |
| Province |  | | | Postal Code |  |
| Contact Information | Cell Number |  | | | | |
| Alternative No. |  | | | | |
| Email Address |  | | | | |
| Next of Kin Details | Names and Surname |  | | | | |
| Relationship |  | Contact No. | |  | | |

**INSURANCE DETAILS**

*Kindly Complete the Form below and tick with an “X” where applicable.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insured for Public Liability Tick with an “X” | YES | NO |  | |
| Insurer Name |  | | Policy Number |  |
| Amount Insured For |  | Expiry Date |  | |

**EMPLOYEES AND MANAGEMENT INFORMATION**

*In this section, please complete total number of employees and split between permanent and temporary, qualifications, management, and support staff.*

|  |  |  |
| --- | --- | --- |
| **STAFF COMPLEMENT** | | |
| *Please complete number of employees* | | |
|  | | |
| Total Number of Employees | Permanent | Temporary |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ARTISANS** | | | |
| *Please complete number of qualified artisans:* | | | |
|  | | | |
| Qualified Panel Beater | Qualified Spray Painter | Paint Shop Prep Technician | Other |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHERS (Management and Support Staff)** | | | |
| *Please complete number of staff in these categories:* | | | |
|  | | | |
| Management | Administration | Driver | Other |
|  |  |  |  |

**Tools Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **TOOLS** | **YES** | **NO** |
| 1. | Bench with 10 ton pulling capacity. |  |  |
| 2. | Is there a 10-ton portable power set with accessories? |  |  |
| 3. | Bench with 10 ton pulling capacity. |  |  |
| 4. | Is there a 10-ton porta power set with accessories? |  |  |
| 5. | Three-dimensional mechanical or electronic measuring system. |  |  |
| 6. | Access to valid, up-to-date vehicle specification data sheets. |  |  |
| 7. | Spot welder, minimum 9 000-amp capacity. (Certificate required). |  |  |
| 8. | Electronic dent puller or separate spot-welding machine with dent pulling capacity delivering a minimum of 3 000 amps at the tips. |  |  |
| 9. | Is there an angle grinder? |  |  |
| 10. | Is there an electric/pneumatic orbital sander? |  |  |
| 11. | Is there an electric/pneumatic body saw? |  |  |
| 12. | Is there a shrinkable electronic dent puller? |  |  |
| 13. | Are there flame resistant welding aprons? |  |  |
| 14. | Is there a bench grinder available? |  |  |
| 15. | Facility to remove spot welds using a specialized drill and/or drill bit. |  |  |
| 16. | Suitable equipment for cutting through sheet metal cleanly and accurately. (Laser or plasma arc.) |  |  |
| 17. | Torque wrench. |  |  |
| 18. | Battery charger with auxiliary starting facility. |  |  |
| 19. | Engine hoist. |  |  |
| 20. | Trolley jack, trestles, and service creepers. |  |  |
| 21. | Is there a shop press? |  |  |
| 22. | Is there a set of bearing pullers? |  |  |
| 23. | Is there a protective seat, steering and carpet covers in all vehicles? |  |  |
| 24. | Is there a compressor? |  |  |
| 25. | Is there a headlight aiming facility? |  |  |
| 26. | 2 or 4 post vehicle hoists. |  |  |
| 27. | Adequate X stands to repair panels. |  |  |
| 28. | Good quality tool cupboards, per workstation. |  |  |
| 29. | Air operated sealing gun with adaptor kit, to return body sealer to O.E.M. type of patterns. |  |  |
| 30 | Vehicle electronic systems protector. VAP/ZAP |  |  |
| 31. | One lead light per workstation. |  |  |
| 32. | Radiator pressure tester. |  |  |
| 33. | Tyre pressure gauge. |  |  |
| 34. | McPherson strut clamps. |  |  |
| 35. | Diagnostic machine. |  |  |
| 36. | Air-conditioner re-gas machine. |  |  |

**SUBMISSION CHECKLIST**

Please submit Checklist with response and mark with an “X” in the allocated space.

NB: This checklist must be submitted with the application form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEMS | SUBMISSION | YES | NO | Please Tick with an “X” if you need assistance with the following: |
| Company Documents | CIPC Documents |  |  |  |
| B-BBEE Certificate/ Sworn Affidavit |  |  |  |
| Evidence of Insurance | Liability Insurance |  |  |  |
| Financial Stability | Latest Financials |  |  |  |
| Regulations, Licenses & Permits | Motor Body Repairer’s (MBR) organizations/bodies |  |  |  |
| The business must be registered with the municipality |  |  |  |
| OHS Certificate: A Health and Safety Compliance Certificate |  |  |  |
| Premises Setup & Design | If Property Leased - Consent Letter Permit that business is demarcated properly according to Municipality Local Laws |  |  |  |
| Zoning Certificate |  |  |
| Technical Staff | Copies of Qualifications for Artisans, temporary or permanent staff. |  |  |
| Proof of Address | Proof Of Business Address – Rates and Taxes /Lease Agreement |  |  |
| Disclaimer | Disclaimer that information submitted is true and correct |  |  |
| BBBEE Sworn Affidavit | BBBEE Sworn Affidavit |  |  |  |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

I am duly authorized to submit the information in its entirety and accept Lokisa Auto`s terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

Full Names of the Authorised Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title/Position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)