



REGISTRATION AND APPLICATION

THE UPLIFTMENT AND EMPOWERMENT OF THE
BUS AND COACH INDUSTRY'S DESIGNATED SMME'S

A. COMPANY DETAILS

DATE:

COMPANY NAME				COMP REGISTRATION NO		
POSTAL ADDRESS					CODE	
BUSINESS ADDRESS						
BUSINESS TEL NO			E-MAIL			
NAME OF OWNER			CELL NO			CONTACT PERSON
CELL NO OF CONTACT PERSON			E-MAIL			

B. VEHICLE DETAILS

NUMBER OF BUSES/COACHES IN OPERATION	Buses		Coaches	
MAKE AND AGE OF EACH VEHICLE				
CARRYING CAPACITY OF BUSES/COACHES		ARE THE VEHICLES ALL FULLY PAID FOR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TOTAL OUTSTANDING AMOUNTS		TOTAL MONTHLY PREMIUMS		

C. OPERATIONAL INFORMATION

TYPE OF SERVICES RENDERED				
GEOGRAPHICAL AREA OF OPERATION				
TYPE OF PERMIT e.g. OPERATING LICENCE / CROSS-BORDER PERMIT				
HOW LONG HAVE YOU BEEN OPERATING ?		WHO IS YOUR INTERNET SERVICE PROVIDER?		
DO YOU HAVE A SMART PHONE? Yes <input type="checkbox"/> No <input type="checkbox"/>	DO YOU HAVE A LAPTOP? Yes <input type="checkbox"/> No <input type="checkbox"/>	HOW OLD		
WHO IS YOUR BUSINESS INSURED WITH?		MONTHLY PREMIUM		
AT WHICH BANK IS YOUR BUSINESS ACCOUNT?		FOR HOW LONG?		
DO YOU HAVE A HOME BASE FACILITY FOR DIESEL?		IF YES, CONFIRM PRICE PER LITER		
DO YOU FILL UP AT FILLING STATIONS?		IF YES, WHAT IS YOUR DISCOUNT PER LITER?		
VOLUME OF FUEL PURCHASED PER MONTH	LITERS	PREFERRED FUEL SUPPLIER?		
WHAT BRAND OF TYRES DO YOU USE FOR YOUR BUSES?		SIZE?		
ADVISE THE PRICE PER TYRE PAID		TYRE TREAD		
WHERE DO YOU PURCHASE YOUR BUS BODY PARTS?				
WHERE DO YOU PURCHASE YOUR BUS SPARE PARTS?				
DO YOU HAVE ACCESS TO ZOOM/TEAMS/ FACILITIES FOR MEETINGS?				

D. THE ESSENTIAL REQUIREMENTS OF YOUR COMPANY

1. BUS REPLACEMENTS			
NUMBER OF NEW BUSES REQUIRED FOR YOUR BUSINESS			
PREFERRED MAKE OF NEW BUSES REQUIRED		SEATING CAPACITY REQUIRED	
2. BUS REFURBISHMENTS			
NUMBER OF EXISTING BUSES TO BE REFURBISHED			
3. CORPORATE BRANDING		MARK WITH X IF REQUIRED	
Branding of Vehicles <input type="checkbox"/>	Website <input type="checkbox"/>	Letterheads <input type="checkbox"/>	Banners <input type="checkbox"/> Brochures <input type="checkbox"/> Business Cards <input type="checkbox"/>
Flyers <input type="checkbox"/>	Others <input type="checkbox"/>		
4. TRAINING & DEVELOPMENT			
a. TECHNICAL TRAINING (specify training required)			
b. BUSINESS MANAGEMENT TRAINING & DEVELOPMENT		MARK WITH X IF REQUIRED	
OPERATIONAL MANAGEMENT <input type="checkbox"/>	FINANCIAL MANAGEMENT <input type="checkbox"/>	HR MANAGEMENT <input type="checkbox"/>	
HOW TO TENDER <input type="checkbox"/>	CONTRACT MANAGEMENT <input type="checkbox"/>		

E. DECLARATION OF APPLICANT

I, the applicant declare as follows:

- That I am duly authorized to sign the application form
- That all the particulars furnished by me in this application are true and correct
- That SABCOR will be notified of any change of particulars e.g. address and contact numbers within 7 days of the date the particulars changed
- That I agree that SABCOR may use my information in accordance with the POPI Act
- That I agree that the information I supplied in this form, may be used in an aggregate form to secure competitive pricing on products and services from suppliers for SMME's
- That I agree to pay a registration fee of R100.00 per company per annum.
- Proof of payment is attached.

F. SABCOR BANK DETAILS

BANK:	FNB	ACCOUNT NAME:	SABCOR
ACCOUNT NO:	62871563021	BRANCH CODE:	230 -732

NAME:

DATE:

SIGNATURE: