



## APPLICATION FOR REGISTRATION- AR003 (v1)

**Note:** The time taken to process the application is dependent on the thorough completion of this form. Please observe the following basic principles. Write in black pen. Print one letter per box. Take the time to complete all sections of the document and attach relevant documentation where necessary.

For office use only App No:

### SECTION A: COMPANY DETAILS

Company Name

Trading Name

Postal Address

Physical Address

Postal Code

Town

**Region**

- Eastern Cape  
  Free State  
  Gauteng  
  KwaZulu-Natal  
  Mpumalanga  
  Northern Cape  
  Limpopo  
  N/West Province  
  Western Cape

Telephone Number  -   
 Fax Number  -   
 Cell Number

E-mail address

Year Started Trading

Number of Employees

**Number of Houses built during the last three years**

Year	Number	Year	Number	Year	Number
<span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>

Company Registration Number  /  /

VAT Registration Number

Bargaining Council Registration Number

*Please attach copies of all the relevant registration documentation*

**Type of legal persona/institution**

- Close Corporation  
 Partnership  
 Sole Trader  
 Trust  
 PTY (Ltd)  
 Ltd  
 PLC  
 PHD  
 Municipality

**Main Business Area**

- Home Building Developer  
 Home Building Contractor  
 Alterations and Additions  
 Estate Agent  
 General Contractor  
 Subsidy Housing  
 Other

**How many units do you intend to build this year?**

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-5   | <input type="checkbox"/> 51-75        |
| <input type="checkbox"/> 6-10  | <input type="checkbox"/> 76-100       |
| <input type="checkbox"/> 11-15 | <input type="checkbox"/> 101-250      |
| <input type="checkbox"/> 16-20 | <input type="checkbox"/> 250-500      |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 501-1000     |
| <input type="checkbox"/> 31-50 | <input type="checkbox"/> 1001 or more |

**Type of building to be erected**

- Single Storey  
 Double Storey  
 More than two Storeys  
 Apartment Blocks  
 Conventional Masonry  
 Timber Framed (SABS 082)  
 Rational Design  
 Agrément Certified

**HDI status**

- |                |                              |                             |
|----------------|------------------------------|-----------------------------|
|                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| HDI%           | <input type="checkbox"/>     |                             |
| Women%         | <input type="checkbox"/>     |                             |
| Disabled%      | <input type="checkbox"/>     |                             |
| Black%         | <input type="checkbox"/>     |                             |
| Women%         | <input type="checkbox"/>     |                             |
| HDI Management | <input type="checkbox"/>     |                             |
| BEE%           | <input type="checkbox"/>     |                             |
| Total          | <input type="checkbox"/>     |                             |

*Any Company using a building system (non-traditional construction) must please request a Form BS001. This document is to be completed by the company and handed in together with the AR003 application form.*

## SECTION B: DIRECTOR DETAILS

Please complete the following details for all Company Directors. Copies of the relevant ID book must accompany this application form.

Managing Director				
Title	Initials	Surname	Shareholding	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications: <input type="text"/>				
Experience: <input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications: <input type="text"/>				
Experience: <input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications: <input type="text"/>				
Experience: <input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications: <input type="text"/>				
Experience: <input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications: <input type="text"/>				
Experience: <input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications: <input type="text"/>				
Experience: <input type="text"/>				

Should there be more than 7 directors, please copy this page and add the relevant directors.

Do any of the Directors have ownership links to registered NHBRC members or applicant NHBRC members?  
If, yes, please give details

Yes  No

Company	Director's ID Number	Relationship

Have you or your Directors or any senior management ever had a management position or stakeholding in a business which had it's registration application rejected or de-registered by the Council? If yes, please provide the following information and attach a separate schedule giving full details

Yes  No

Company	Director's/Senior Manager's ID Number	Position

Company	Director's/Senior Manager's ID Number	Position

Company	Director's/Senior Manager's ID Number	Position

**SECTION C: COURT ACTIONS/LEGAL IMPLICATIONS**

Have any of the Directors, shareholders, members, trustees or senior management of the applicant been involved in any company partnership or business which has been placed under Judicial Management or Liquidation? If, yes, please provide the following information and attach a separate schedule giving full details

Yes  No

Company	Director's/Senior Manager's ID Number	Position

Have any of the directors, shareholders, members, trustees or senior management of the applicant been involved in any company partnership or business which has had it's/their fidelity fund certificates withdrawn by an Estate Agent's Board? If, yes, please provide the following information and attach a separate schedule giving full details.

Yes  No

Company	Director's/Senior Manager's ID Number	Position

Is any legal action instituted against you presently pending as the result of alleged construction defects? If yes, please attach a schedule giving details.

Yes  No

Have any cases of legal action instituted against the applicant been settled out of court/decided in court in the two years prior to the date of application? If yes, please attach a schedule giving details.

*If at any point, a complaint is made against your company and investigation reveals that the above is inaccurate, this may lead to you being de-registered.*



### SECTION D3: SUPPLIER REFERENCES

Give the names of THREE suppliers that you use on a regular basis, who can comment on your credit worthiness and the quantities of your material purchases. If you purchase cash only, please attach copies of three recent invoices.

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) - <input type="text"/>
Company			Fax Number
<input type="text"/>			( <input type="text"/> ) - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) - <input type="text"/>
Company			Fax Number
<input type="text"/>			( <input type="text"/> ) - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) - <input type="text"/>
Company			Fax Number
<input type="text"/>			( <input type="text"/> ) - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### SECTION D4: PROFESSIONAL REFERENCES

Give the names of TWO professionals you use on a regular basis, who can comment on your reputation and quality of your work.

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) - <input type="text"/>
Company			Fax Number
<input type="text"/>			( <input type="text"/> ) - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Title	Initials	Surname	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) - <input type="text"/>
Company			Fax Number
<input type="text"/>			( <input type="text"/> ) - <input type="text"/>
Physical Address		Town	
<input type="text"/>		<input type="text"/>	
Postal Address	Town	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

An example of a professional reference would be a building inspector, an architect, a quantity surveyor or TLC inspector.

## SECTION E: TECHNICAL MANAGEMENT OR CONTROL

All registered members must maintain adequate levels of technical control to monitor and maintain construction quality. These persons may be approached to explain the technical management control systems in your company. This applies to development companies as well as to contracting companies.

**The Person responsible for Construction Quality in your Company.** ID No.

Title  Initials  Surname  Position

Telephone Number  -  Fax Number  -  Cell Number

Qualifications

Experience

Has this person received a copy of the Home Building Manual?  Yes  No

*On Registration your company will be obliged to meet these requirements. Please ensure he has this document and takes appropriate action in sufficient time.*

**The Engineering Firms you normally use for Engineers Foundation Design and Certificates.**  
*Foundation design is an important component of NHBRC's Home Building Manual (See Part 1, Section 2) and Dwelling Enrolment Procedures. Please provide the relevant engineers' details.*

Title  Initials  Surname  Telephone Number  -

Company  Fax Number  -

Physical Address  Town

Postal Address  Town  Code

Title  Initials  Surname  Telephone Number  -

Company  Fax Number  -

Physical Address  Town

Postal Address  Town  Code

**The Contractors you normally use if you are a Developer**

Title  Initials  Surname  Telephone Number  -

Company  Fax Number  -

Postal Address  Town  Code

Title  Initials  Surname  Telephone Number  -

Company  Fax Number  -

Postal Address  Town  Code

*Please provide on a separate schedule an explanation of how you monitor the construction quality of your contractors.*

## SECTION F: AFTER SALES CUSTOMER SERVICE / NHBRC CONTACT

*All registered members are obliged to meet their obligations to housing consumers and the Council in terms of the Housing Consumer Protection Measures Act.*

**The Person responsible for After Sales Customer Service in Your Company** ID No.

Title  Initials  Surname  Position

Telephone Number  -  Fax Number  -  Cell Number

Qualifications

Experience

**The Person who will be the main NHBRC contact?** ID No.

Title  Initials  Surname  Position

Telephone Number  -  Fax Number  -  Cell Number

Qualifications

Experience

## SECTION G: PAYMENT DETAILS

To process your application, a payment of R750 must be received. If it is not received, your application will not be processed. This application fee is non-refundable. You may wish to pay the annual registration fee (an additional R600-00) at the same time. This will assist in speeding up the process once your application is approved. If your application is rejected, this annual registration fee will be refunded.

*Payment may be made either by cash, cheque or direct deposit into the NHBRC's account. Please attach either the payment or proof of the direct deposit to this Application form.*

**BANK:** First National Bank  
**Account Number:** 62081366520 **Branch Code:** 255005

## SECTION H: DECLARATION

I, the undersigned, being duly authorised to sign this application, hereby certify that the information provided in this document is accurate and complete as at the date of application.

I, on behalf of the applicant, understand that it is an offence in terms of Section 21 of the Housing Consumer Protection Measures Act to knowingly withhold information or to furnish information that I know to be false or misleading required in terms of this Act. I also know that on conviction of such an offence, I, or the directors, trustees, managing members or officers of the applicant home builder may be subject to a fine not exceeding R25 000 or to imprisonment not exceeding one year on each charge.

I understand that the applicant home builder must comply with the terms of the Housing Consumer Protection Measures Act and any subsequent Regulations issued in terms of this Act.

I hereby authorise the Council to make such enquiries as necessary to verify the information contained on this form.

I attach my application fee.

Signature of Authorised Representative of Applicant

Position

Please Print Name

Date Completed   =   =

d d m m y y y y

