

THE AUTOMATIC SPRINKLER INSPECTION BUREAU (PTY) LIMITED



1407 IMBALI
CNR LOUIS BOTHA AND TUDHOPE AVENUES
BEREA
JOHANNESBURG
2041

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Company Registration Number: 1970/0110833/07

V A T Registration Number: 4130105390

SPRINKLER INSTALLER AND SUPPLIERS ANNUAL LISTING AND REGISTRATION FORM FOR HEAD OFFICES AND BRANCHES

Name of company:												
Company registration number:												
Company VAT registration number:												
Members or directors:					Names							
Have any members of directors ever been declared insolvent					Yes				No			
Details:												
Have any members of directors ever been liquidated					Yes				No			
Details:												
Have any members of directors ever ceased to trade					Yes				No			
Details:												

CONTACT DETAILS

Physical address:	

Postal Code:	
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CONTACT DETAILS

Postal address:	

Postal Code:	
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CONTACT DETAILS

E-Mail address:	Code:		Number:	
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Web site URL:	Code:		Number:	
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CONTACT DETAILS

Telephone Numbers:	Code:		Number:	
	Code:		Number:	
	Code:		Number:	

CONTACT DETAILS

Facsimile numbers:	Code:		Number:	
	Code:		Number:	

CONTACT DETAILS

Emergency numbers:	Code:		Number:	
	Code:		Number:	
	Code:		Number:	
	Code:		Number:	
	Code:		Number:	

OFFICE STAFF

COMPETENT PERSONS
Defined as a person who has been adjudged by the ASIB or has written and passed the ASIB Examination of Competency and has attained a valid numbered certificate

Certificate number	Name

FULLY QUALIFIED DRAUGHTSMEN

Years experience	Name

SALES PERSONS

Years experience	Name

ESTIMATORS

Years experience	Name

SUITABLY QUALIFIED PROFESSIONAL STAFF

Years experience	Name

ADDITIONAL REQUIRED INFORMATION

STAFF MEMBERS WHO HAVE ATTENDED ALL ASIB COURSES

Year attended	Name

INSURANCES CARRIED

Contractual liability insurance:	Yes		No	
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Company the policy is held with:				
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Policy number:				
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INSURANCES CARRIED

Professional indemnity insurance:	Yes		No	
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Company the policy is held with:				
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Policy number:				
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OTHER PERTINENT INSURANCE

Name of other pertinent insurance:				
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Company the policy is held with:				
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Policy number:				
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OTHER INFORMATION

Year of initial ASIB listing:	
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Number of sprinkler installed during the previous financial year:	
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REFER TO FINAL PAGE FOR DETAILS OF WORK SUBMITTED FOR INSPECTION

SUPPLIERS AND SUBCONTRACTORS

SPRINKLER SUPPLIERS

Name of company:	

SUBCONTRACTED SPRINKLER DESIGN SERVICES USED Compulsory field if the company does not have suitably qualified in-house design staff

Name of draughtsman or company:	
Contact person:	
Contact number:	
Name of draughtsman or company:	
Contact person:	
Contact number:	

OWN FABRICATION WORKSHOPS MATERIALS AND STORES

Name of company:	
Contact person:	
Telephone number:	
Physical address:	

SUBCONTRACT FABRICATION WORKSHOPS
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Name of company:	
Contact person:	
Telephone number:	
Physical address:	

SUPPLIERS AND SUBCONTRACTORS

SUBCONTRACT FABRICATION WORKSHOPS

Name of company:	
Contact person:	
Telephone number:	
Physical address:	

SUBCONTRACT FABRICATION WORKSHOPS

Name of company:	
Contact person:	
Telephone number:	
Physical address:	

SUBCONTRACT ERECTION COMPANY

Name of company:	
Contact person:	
Telephone number:	
Physical address:	

SUPPLIERS AND SUBCONTRACTORS

SUBCONTRACT ERECTION COMPANY

Name of company:

Contact person:

Telephone number:

Physical address:

SUBCONTRACT ERECTION COMPANY

Name of company:

Contact person:

Telephone number:

Physical address:

SUBCONTRACT ERECTION COMPANY

Name of company:

Contact person:

Telephone number:

Physical address:

