THE AUTOMATIC SPRINKLER INSPECTION BUREAU (PTY) LIMITED



Company Registration Number: 1970/0110833/07

V A T Registration Number: 4130105390

1407 IMBALI CNR LOUIS BOTHA AND TUDHOPE AVENUES

BEREA JOHANNESBURG

2041

P O BOX 3139 HOUGHTON 2041 TELEPHONE: +27 11 642 1703 FACSIMILE: +27 11 642 1019

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asib@asib.co.za http://www.asib.co.za

CAPE TOWN:

+27 21 697 5691 +27 84 456 0506

DURBAN:

+27 31 572 5846 +27 82 578 1732 +27 31 462 3714

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

Name of company:						
Company registration number:						
Company VAT registration numb	oer:					
Members or directors:		Names				
niemoeis of directors.						
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:					
Postal address:					
Postal Code:					
E-Mail address:	Code:		Number:		
Web site URL:	Code:		Number:		
	Code:		Number:		
Telephone Numbers:	Code:		Number:		
	Code:		Number:		
Facsimile numbers:	Code:		Number:		
	Code:		Number:		
	Code:		Number:		
	Code:		Number:		
Emergency numbers:	Code:		Number:		
	Code:		Number:		
	Code:		Number:		

OFFICE STAFF

	COMPETENT PERSONS as been adjudged by the ASIB or has written and passed the ASIB competency and has attained a valid numbered certificate
Certificate number	Name
F	ULLY QUALIFIED DRAUGHTSMEN
Years experience	Name
	SALES PERSONS
Years experience	Name
	ESTIMATORS
Years experience	Name
SUITA	BLY 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 Company the policy is held with: Policy number: Professional indemnity insurance: Yes No Company the policy is held with: Policy number: Name of other pertinent insurance: Company the policy is held with: Policy number: OTHER INFORMATION Year of initial ASIB listing: Number of sprinkler installed during the previous financial year: REFER TO FINAL PAGE FOR DETAILS OF WORK SUBMITTED FOR INSPECTION

SITE AND ERECTION STAFF SUITABLY QUALIFIED PROJECT MANAGERS OR SITE SUPERVISORS Certificate number Name SUITABLY QUALIFIED FITTERS Years experience Name **LABOURERS** Years experience Name

SUPPLIERS AND SUBCONTRACTORS				
	SP	PRINKLER SUPPLIERS		
Name of company:				
		SPRINKLER DESIGN SERVICES USED y does not have suitably qualified in-house design staff		
Name of draughtsman or com	pany:			
Contact pe	erson:			
Contact nur	mber:			
Name of draughtsman or com	pany:			
Contact pe	erson:			
Contact nui	mber:			
OWN FABRIC	ATION	WORKSHOPS MATERIALS AND STORES		
Name of company:				
Contact person:				
Telephone number:				
Physical address:				
SUBC	ONTRA	CT FABRICATION WORKSHOPS		
Name of company:				
Contact person:				
Telephone number:				
Physical address:				

SUPPLIERS AND SUBCONTRACTORS			
SUBC	ONTRACT FABRICATION WORKSHOPS		
Name of company:			
Contact person:			
Telephone number:			
Physical address:			
	ONTRACT FABRICATION WORKSHOPS		
Name of company:			
Contact person:			
Telephone number:			
Physical address:			
SII	BCONTRACT ERECTION COMPANY		
Name of company:	DOMINACI ERECTION COMPANY		
Contact person:			
Telephone number:			
Physical address:			

SUPPLIERS AND SUBCONTRACTORS			
SU	BCONTRACT ERECTION COMPANY		
Name of company:			
Contact person:			
Telephone number:			
Physical address:			
·			
SU	BCONTRACT ERECTION COMPANY		
Name of company:			
Contact person:			
Telephone number:			
Physical address:			
SU	BCONTRACT ERECTION COMPANY		
Name of company:			
Contact person:			
Telephone number:			
Physical address:			

WORK COMPLETED DURING PREVIOUS FINANCIAL YEAR			
Number of Ordinary Hazard installations:			
Number of High Hazard installations:			
Number of private water supplies installed:			
Number of life safety installations:			
Number of extensions to premises:			
Number of valve overhauls:			

	SUPPLIERS	
Service offered:		
List equipment:		

ANY ADDITIONAL PERTINENT INFORMATION				
	ADDITION	AL INFORMATION	INCLUDED	
		Auditors certificate		
Attached	Yes		No	
Bankers "C" rating				
Attached	Yes		No	
A letter from their bankers or insurance company showing facilities to provide performance bonds to a minimum of R250,000.00				
Attached	Yes		No	
Carry a minimum of R5,000,000.00 contractual liability insurance				
Attached	Yes		No	