

Sage HR Africa



Business Partner Application Form					
Company details					
Company name:					
Trading name:					
VAT number:					
Physical address:					
		Code:			
Postal address:					
		Code:			
Mobile phone number:					
Telephone number:	()				
Email address:					
Ownership of Business Partner responsibilities					
First contact:					
Title:					
First name:					
Last name:					
Telephone number:					
Mobile phone number:					
Email address:					
Designation:					
Second Contact					
Title					
First Name:					
Last name:					
Telephone number:					
Mobile number:					
Email address:					
Designation:					

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Please describe the nature of your business and the services provided				
Business expertise				
Dlo	ase tick all the areas of expertise provided by your company:			
Please tick all the areas of expertise provided by your company:				
Тур	e:	Elaborate:		
	Software sales			
	Hardware sales			
	Software implementation			
	Software support / troubleshooting			
	Network implementation & support / troubleshooting			
	Payroll			
	Human Recourses			
	Accounting			
	Other (please specify)			
Agreements				
Other approved agreements (nature of agreement & product specified)				
1.				
2.				
3.				
4.				

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Employee information					
Number of employees:					
Please specify qualification	s / background:				
Do they have any payroll o	r HR experience?				
Turnover per annum (U\$D)	:				
Do you have a dedicated sa	ales person?				
Will you have a dedicated professional?	payroll / HR				
Are you willing to employ a	dditional resources?				
Please fax this completed form back to us:					
Gerhard Hartman	Tel: +27 (0)12 420 7380	Email: Gerhard.Hartman@sagehrafrica.com			
Melanie Olivier	Tel: +27 (0)12 420 7241	Email: Melanie.Olivier@sagehrafrica.com			
All application forms are subject to approval by Sage HR Africa. Sage HR Africa reserves the right to alter the structure or terms of this agreement without prior notification.					