SWORN AFFIDAVIT

FOR PURPOSES OF B-BBEE COMPLIANCE OF AN EXEMPT MICRO ENTERPRISE (EME)

as a Non-Profit Organisation (NPO) or Public-Benefit Organisation (PBO)

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COMPANY DETAILS

Company Registered Name			
Company Trade Name			
Company Address			
Registration Number		VAT Num	ber
Company Type	Non-Profit Organisation	Public Benefit Organisati	ion
TO BE COMPLETED BY THE DE	PONENT		
l (full name)			
RSA ID / Passport Number			
Residing Address			
Tel (w)	(h)	(cell)
I hereby declare under oath that:			
I am a member / director / owner of the above	e-mentioned entity and am duly	authorised to act on its behal	f.
The annual turnover/allocated budget/gross the most recent audited financial statements (EME).			
I also confirm that the company has a Black	(as defined per the B-BBEE Coo	les of Good Practice) benefici	ary base as follows:
Total Black Beneficiaries	%		
I am familiar with, and understand the conte binding to my conscience and on the owner			bed oath. I consider the prescribed oath as
Place		Date (c	ld/mm/yyyy)
Signed			
TO BE COMPLETED BY THE CO	MMISSIONER OF OATH	IS	
I certify that the DEPONENT has acknowled objection to taking the oath, and that he/she			
At		on this the (d	d/mm/yyyy)
Full Name			
Business Address			

Stamp and Sign