

DECLARATION FORM

AFFIDAVIT OF ANNUAL TURNOVER AND SHAREHOLDING

I,

(Full name & surname) of authorised company representative herein representing:

Registered name of the company:

Company registration number:

I, DECLARE UNDER OATH THAT:

Within my personal knowledge and to the best of my belief:

1. The gross annual turnover of the enterprise for the most recent financial period was:

(Enter dates and mark applicable turnover value with an X)

| | |
|---|--|
| START OF FINANCIAL YEAR | |
| END OF FINANCIAL YEAR | |
| Less than or equal to R 1.5 m | |
| More than R 1.5 m but less than R 2.5 m | |
| More than R 2.5 m but less than R 5 m | |

2. There are no encumbrances on the shareholding in the business;
3. All money that may have been due to the company or to any other shareholder has been fully paid in terms of the issue of shares and/or the sale of shares;
4. There are no third-party rights arising from the financing of the shares;
5. There is no deliberate circumvention or attempted circumvention of the B-BBEE Act;
6. This information contains no intentional misrepresentation;
7. I am referred to as an **African / Coloured / Indian** (delete which is not applicable) who is a citizen of the Republic of South Africa by **birth / descent / or by naturalization** (delete which is not applicable) before 27 April 1994 or on or after 27 April 1994 (please supply

naturalisation certificate) and would have been entitled to acquire citizenship by naturalisation prior to the 27 April 1994 but were precluded from doing so by Apartheid policies;

8. The shareholders of the business are as follows;

| FULL NAMES; SURNAMES AND RSA ID NUMBERS OF SHAREHOLDERS | PERCENT AGE OF SHARE HELD |
|---|---------------------------|
| 1. | % |
| 2. | % |
| 3. | % |
| 4. | % |
| 5. | % |
| Total percentage shareholding | |

SIGNATURE AND DATE OF COMPANY REPRESENTATIVE (Signed in the presence of Commissioner of Oath)

I know and understand the contents of this statement. I have no objection to taking the prescribe oath. I consider the prescribe oath to be binding on my conscience.

FULL RSA ID NAME, SURNAME & CAPACITY OF PERSON SIGNING

I certify that the above person acknowledged that **he/she** understands the contents of this statement, and that **he/she** was sworn **to/affirmed** before me and that the signature/**mark/thumb** print was placed here in my presence.

Commissioner of Oath stamp here

Name & signature of Commissioner of Oath:

Date: _____

Rank/permit no: _____

| | | | | | | | |
|-----------------|----------|--------------|-----------|---------|-------------|--------------|------------------|
| Compiled by: | P Mmusi | Approved by: | A Tlhoale | Doc No: | FOM-DEN-EME | Rev No: | 1.0 |
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