

**SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE
SPECIALISED ENTERPRISES**

I, the undersigned,

Full name and surname	TILLY BROUWER
Identity number	4812250017088

Hereby declare under oath as follows:

- The contents of this statement are to the best of my knowledge a true reflection of the facts.
- I am a Member / Director / Owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	ST FRANCIS CARE CENTRE
Trading Name (If Applicable):	ST FRANCIS CARE CENTRE
Registration Number:	011-441 NPO
Enterprise Physical Address:	30 OLIVIA ROAD, EVELEIGH, BOKSBURG, 1464
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	NON-PROFIT ORGANISATION
Nature of Business:	HOSPICE
Definition of "Black People"	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 "Black People" is a generic term which means Africans, Coloureds and Indians –</p> <p>(a) Who are citizens of the Republic of South Africa by birth or descent; or</p> <p>(b) Who became citizens of the Republic of South Africa by naturalization-</p> <p>i. Before 27 April 1994; or</p> <p>ii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date</p>

3. I hereby declare under Oath that:

- The Enterprise has 99% Black Beneficiaries as per Amended Statement 004 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise has 85% Black Woman Beneficiaries as per Amended Statement 004 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,

- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of 31 March 2017, the annual Total Revenue was R10,000,000.00 (Ten Million Rand) or less.
- Please Confirm on the below table the B-BBEE Level Contributor, by **ticking the applicable box.**

75% or more Black Beneficiaries	Level One (135% B-BBEE procurement recognition level)	<input checked="" type="checkbox"/>
At least 51% Black Beneficiaries	Level Two (125% B-BBEE procurement recognition level)	<input type="checkbox"/>
Less than 51% Black Beneficiaries	Level Four (100% B-BBEE procurement recognition level)	<input type="checkbox"/>

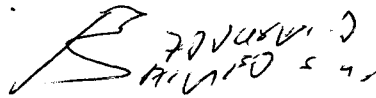
- I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the Owners of the Enterprise which I represent in this matter.
- The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature:



Date: 9/10/2017.

Commissioner of Oaths



Signature & stamp

