SWORN AFFIDAVIT B-BBEE QUALIFYING SMALL ENTERPRISE (QSE)

AMENDED AGRI SECTOR CODES

(Please read the notes at the bottom of the second page before completing this form)

I, the undersigned,

Full name & Surname	
Identity number	

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member (CC) / Director / Owner **(Select one)** of the following enterprise and am duly authorised to act on its behalf [1].

Enterprise Name:	
Trading Name (If Applicable):	
Registration Number:	
Vat Number (if applicable)	
Enterprise Physical Address:	
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	
Nature of Business [2]:	
Definition of "Black People"	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- (a) Who are citizens of the Republic of South Africa by birth or descent; or (b) Who became citizens of the Republic of South Africa by naturalization- i) Before 27 April 1994; or ii) On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date
Definition of "Black Designated Groups"	"Black Designated Groups means: (a) Unemployed black people not attending and not required by law to attend an educational institution and not awaiting admission to an educational institution; (b) Black people who are youth as defined in the National Youth Commission Act of 1996; (c) Black people who are persons with disabilities as defined in the Code of Good Practise on employment of people with disabilities issued under the Employment Equity Act; (d) Black people living in rural and under developed areas; (e) Black military veterans who qualifies to be called a military veteran in terms of the Military Veterans Act 18 of 2011;"

3. Hereby declare under Oath that:

- The Enterprise is _____% Black Owned using the flow-through principle as per **Amended Agri Sector Codes of Good Practise** issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,

- The Enterprise is _____% Black Female Owned as per **Amended Agri Sector Codes of Good Practise** issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,

- The Enterprise is _____% Black Designated Group Owned as per **Amended Agri Sector Codes of Good Practise** issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,

- Black Designated Group Owned % Breakdown as per the definition stated above:

    - Black Youth % = _____%
    - Black Disabled % = _____%
    - Black Unemployed % = _____%
    - Black People living in Rural areas % = _____%
    - Black Military Veterans % =_____%

- Based on the **Audited Financial Statements/Management Accounts (Select one)** [3] and other information available on the latest financial year-end of _____**(dd,mm,yyyy)** [4], the annual Total Revenue was **more than R10,000,000,00 (Ten Million Rands) but less than R 50 000 000 (Fifty Million Rands).**

- Please confirm on the table below the B-BBEE level contributor, **by ticking the applicable box** [5]**.**

100% Black owned	**Level One** (135% B-BBEE procurement recognition level)	
At least 51% Black owned	**Level Two** (125% B-BBEE procurement recognition level)	

4. I know and understand the contents of this Affidavit and I have no objection to take the prescribed oaths and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.

5. The affidavit will be valid for a period of 12 months from the date signed by the commissioner.

Deponent Signature: _____

Date [6]: _____

_____

Commissioner of Oaths Signature & stamp

Date [6]: _____

Please read these notes carefully before completing the AFFIDAVIT above:

1. *Please select the status of your relationship with the Company to whom this Affidavit is being made.* ***If you are neither*** *of these options, then you cannot complete and sign this Affidavit.*

2. ***Please complete the Nature of your Business****. There are various sector codes. Please ensure that you are using the correct Affidavit relating to your industry. If in doubt, please contact the number below or go to the website link, to verify that you are using the correct Affidavit.*

3. *Please* ***select one*** *of the 2 options to declare what you are consulting to determine the* ***Annual Turnover*** *of the Company.*

4. *This Financial period* ***may not be older than 12 months****. Please complete the financial period in full. Example: 28 Feb 2022, 28 February 2022 or 28/2/2022. Any other way will not be acceptable.*

5. *Please tick the* ***relevant box*** *relating to your BEE Level.*

6. *The date of the stamp of the Commissioner of Oaths and that of the Deponent Signature* ***must be on the same day****.*