

# 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	Ezrah Community Training and Development NPC		
Company Trade Name	Ezrah Community Training and Development NPC		
Company Address	Alexandra Building (First floor), 147 Main Road, Somerset West, 7129		
Registration Number	PBO #: 930050983	VAT Number	N/a
Company Type	<input type="radio"/> Non-Profit Organisation <input checked="" type="radio"/> Public Benefit Organisation		

## TO BE COMPLETED BY THE DEPONENT

I (full name)	Maarten Pelsler Meyer		
RSA ID / Passport Number	7105145207080		
Residing Address	1 Logie Street, Martinville, Somerset West, 7130		
Tel (w)	021 852 9129	(h)	084 654 6677
		(cell)	084 654 6677

I hereby declare under oath that:

I am a member / director / owner of the above-mentioned entity and am duly authorised to act on its behalf.


The annual turnover/allocated budget/gross receipts of the above-mentioned entity was **less than R10,000,000** (Ten Million Rand) in terms of the most recent audited financial statements or factual finding from an independent review, qualifying the entity as a Exempt Micro Enterprise (EME).

I also confirm that the company has a Black (as defined per the B-BBEE Codes of Good Practice) beneficiary base as follows:

Total Black Beneficiaries  %

I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience and on the owner/s of the above mentioned enterprise I represent.

Place  Date (dd/mm/yyyy)

Signed 

## TO BE COMPLETED BY THE COMMISSIONER OF OATHS

I certify that the DEPONENT has acknowledged that he/she knows and understands the contents of this affidavit, that he/she does not have any objection to taking the oath, and that he/she considers it to be binding on his/her conscience, and which was sworn to and signed before me.

At  on this the (dd/mm/yyyy)   
Full Name   
Business Address

Stamp and Sign

EDUAN MATTHEE  
COMMISSIONER OF OATHS  
PRACTISING ATTORNEY R.S.A.

