

## SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE

I, the undersigned,

<b>Full name &amp; Surname</b>	KIM VERA KRYNAUW
<b>Identity number</b>	671124-0050-084

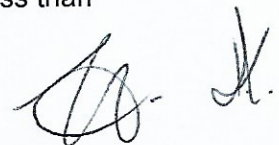
Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a TRUSTEE of the following enterprise and am duly authorised to act on its behalf:

<b>Enterprise Name</b>	NTHUSE FOUNDATION
<b>Trading Name</b>	NTHUSE FOUNDATION
<b>Registration Number</b>	123-728 NPO
<b>Enterprise Address</b>	20 DROMMEDARIS STR, MELKBOSSTRAND, WESTERN CAPE, 7441
<b>Type of entity</b>	Non-profit organisation
<b>Nature of business</b>	Providing education and skills training for disabled and previously disadvantaged persons

I hereby declare under oath that:

- The Enterprise has 100 % Black Beneficiaries as per Amended Code Series 100 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 53.4 % Black Woman Beneficiaries as per Amended Code Series 100 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 100 % Black Designated Group Beneficiaries as per Amended Code Series 100 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 and other information available on the latest financial year end of 28 February 2019, the total annual revenue was less than R10,000,000.00 (Ten Million Rands)



100% black owned	<b>Level One</b> (135% B-BBEE procurement recognition)	x
More than 51% black owned	<b>Level Two</b> (125% B-BBEE procurement recognition)	
Less than 51% black owned	<b>Level Four</b> (100% B-BBEE procurement recognition)	

4. The entity is an empowering supplier in terms of **the dti** Codes of Good Practice.
5. 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.
6. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: \_\_\_\_\_

*[Handwritten Signature]*

*[Handwritten Signature]*

Commissioner of Oaths Signature & stamp

Date: \_\_\_\_\_

*19/05/2019*

<i>Dr Francois Haueken</i>	
Full names and surname in blockletters	
ID: 520625 5083 089	Q20189
NG KERK MELKBOSSTRAND 11 de LAAN, 7441	
Business address (Street address)	
<u><i>[Handwritten Signature]</i></u>	
(Signature) Commissioner of Oath	