

A GUIDE ON HOW TO COMPLETE A SWORN AFFIDAVIT

**THE FIELDS BELOW. IF NOT COMPLETED
THE AFFIDAVIT WILL BE INVALID**

To be completed by the owner of the entity. They must be a South African Citizen with **Valid SA ID**

I, the undersigned,

Full name & Surname	
Identity number	

Please input your **full name and surname** of **member/owner or director** completing affidavit.

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** (Select one) of the following enterprise and am duly authorised to act on its behalf.

Please circle the **owner/ member/director** option. **If not, circled affidavit is invalid.**

Input **Trading name, if applicable.**

Input **Registered entities physical address.**

Input **the type of entity is registered as.**

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:	
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 naturalisation- 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 Practice 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;"

Please input your **company name.**

Input **VAT number if applicable.**

Input **company registration number, if applicable**

Input the **nature of business.**

Input **percentage black ownership. (BO)**

Input **percentage black women ownership. (BWO)**

Input **percentage Black Designated Group Owned (BDGO)**

Input your latest audited financial **year end (date/month/year)**

3. I hereby declare under Oath that:

- The Enterprise is _____ % Black Owned as per Amended Financial Sector 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 is _____ % Black Female Owned as per Amended Financial Sector 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 is _____ % Black Designated Group Owned as Amended Financial Sector 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,
- 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 % = _____ %

Please do not leave blank if you do not qualify input 0%.

Input a **percentage** into any of the below black designated group areas if you fall into any and **please do not leave blank if you do not qualify input 0%.**

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

100% Black Owned	Level One (135% B-BBEE procurement recognition level)	
50% Black Owned (Only for deals existing prior to the gazette) or at least 51% Black Owned	Level Two (125% B-BBEE procurement recognition level)	
Less than 51% Black Owned	Level Four (100% B-BBEE procurement recognition level)	

Tick/cross the empty box next to **applicable level.**

4. 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.
5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Please ensure that signature date of owner and commissioner are the same date. This must only be signed and dated in front of the Commissioner of Oath

To be **stamped, signed, and dated** by the Commissioner. of Oath. Any person registered as a Commissioner of Oath may commission the document

Commissioner of Oaths
Signature & stamp

Deponent Signature: _____

Date: _____

To be **signed and dated** by the owner/member/director. This must only be signed and dated in front of the Commissioner of Oath.