

SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE – SPECIALISED ENTITY ONLY – GENERAL - which include (Not Limited to) Non-Profit Organisations, Non-Profit Companies, Public Benefit Organisations etc.

I, the undersigned,

| | |
|--------------------------------|-----------------|
| Full name & Surname | RAVINDRA LAUTAN |
| Identity number | 681205 5069 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 Director of the following enterprise and am duly authorised to act on its behalf:

| | |
|--|---|
| Enterprise Name: | CHILD WELFARE S.A. – PORT SHEPSTONE |
| Trading Name (If Applicable): | |
| Registration Number: | NPO:002-209; PBO:930027615 |
| Vat Number (If applicable) | 4930251527 |
| Enterprise Physical Address: | 23 CONNOR STREET PORT SHEPSTONE 4240 |
| Type of Entity (NPO, PBO etc.): | NPO; PBO |
| Nature of Business: | WELFARE |
| 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;” |

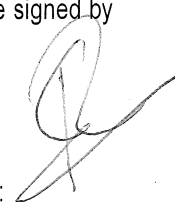
3. I hereby declare under Oath that:

- The Enterprise has **87.61 %** 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 **56.95 %** Black Female 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 _____% 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,
- Black Designated Group Beneficiary % Breakdown as per the definition stated above:
 - Black Youth % = **79.2 %**
 - Black Disabled % = **2.4 %**
 - Black Unemployed % = **71.92 %**
 - Black People living in Rural areas % = **75.16 %**
 - Black Military Veterans % = **0%**
- Based on the Audited Financial Statements/ Financial Statements and other information available on the latest financial year-end of **31 MARCH 2022** (DD/MM/YYYY), the annual Total Revenue/Allocated Budget/Gross Receipts 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.**

| | | |
|-----------------------------------|---|---|
| At Least 75% Black Beneficiaries | Level One (135% B-BBEE procurement recognition level) | √ |
| At Least 51% Black Beneficiaries | Level Two (125% B-BBEE procurement recognition level) | |
| Less than 51% Black Beneficiaries | Level Four (100% B-BBEE procurement recognition 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.

Deponent Signature: 

Date: **22 AUGUST 2022**



Commissioner of Oaths

Signature & stamp

Date: **23/8/22**

KARIN E. HOLTZHAUSEN
COMMISSIONER OF OATHS (RSA)
ADMINISTRATIVE MANAGER
CHILD WELFARE SA - PORT SHEPSTONE
23 CONNOR STREET, PORT SHEPSTONE, 4240