



30 January 2020

SWORN AFFIDAVIT

I, the undersigned

Full name and surname: **LESLEY HALL**

Identity number: **870322 0042 080**

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 the Director of the following Non-Profit Organisation and am duly authorised to act on its behalf:

Name of Non-Profit Organisation: The KwaZulu Natal Cerebral Palsy Association

Registration Number: 002-154 NPO
93 000 00 42 PBO

Physical Address: 23 Sanderson Road
Pinetown
3610

Type of Entity (NPO, PBO etc.): Non-Profit Organisation (NPO) and
Public Benefit Organisation (PBO)

Nature of Business: Non-Profit Organisation

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:-

P O Box 10213 • Ashwood • 3605

Telephone: +27 (0)31 700 3956 • Facsimile: +27 (0)866 153 913

Email: info@kzncerebralpalsy.co.za • Website: www.kzncerebralpalsy.org.za

Our Association is a registered Non-Profit (002-154 NPO) and Public Benefit Organisation (PBO 930000042) with Section 18A Tax Exemption status.

- 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.

3. I hereby declare under Oath that:

- The Enterprise has **98%** 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,
- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of 31 March 2017, 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.



FULL SIGNATURE OF DEPONENT

I, certify that the Deponent has acknowledged that she knows and understands the contents of this Affidavit which was sworn to and signed before me at Wesville on the 30 day of January 2020 the Regulations prescribed by Government Notice No R1258 Dates 21st July 1972, as amended, having been complied with.

ANDREW LEAKER
 COMMISSIONER OF OATHS
 PRACTISING ATTORNEY
 1 KNIGHTS BRIDGE, 16 WESTVILLE RD.
 WESTVILLE 3629



COMMISSIONER OF OATH