

SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE - GENERAL

I, the undersigned,

Full name & Surname	Estelle Ramona Verburgh
Identity number	640804 0100 08 2

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 Member / Director / Owner (**Select one**) of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	BloodSA Foundation NPC
Trading Name (If Applicable):	BloodSA Foundation NPC
Registration Number:	2021/990954/08
Vat Number (If applicable)	4230309702
Enterprise Physical Address:	E5 Haematology Clinic, Room E4-58, New Main Building Groote Schuur Hospital, Main Road, Observatory, 7935
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	NPC and PBO
Nature of Business:	Haematology
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 is 0 % Black Owned using the flow-through principle 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 is 0 % Black Female Owned 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 is 0 % Black Designated Group Owned 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 Owned % Breakdown as per the definition stated above:
 - Black Youth % = 0 %
 - Black Disabled % = 0 %
 - Black Unemployed % = 0 %
 - Black People living in Rural areas % = 0 %
 - Black Military Veterans % = 0 %
- Based on the Audited Financial Statements/Financial Statements and other information available on the latest financial year-end of 29/02/2024 (DD/MM/YYYY), 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)	
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)	✓

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: _____

[Handwritten Signature]
07 MAY 2024

N. Sineke
Commissioner of Oaths

Signature & stamp

Date: 07/05/2024

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS AND AMENDMENT OR CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE *N. Sineke*

NAME IN PRINT N. Sineke

PERSAL NUMBER Social Worker

TITLE Prof. No: 1014877

GROOTE SCHUUR HOSPITAL OBSERVATORY
EX OFFICIO COMMISSIONER OF OATHS

