

**BEE AFFIDAVIT**  
**BLACK ORCHID BY DESIGN CC**  
**REG NO 2011 / 104561 / 23**

**MEASURED ENTITY**

APPLICABLE SCORECARD	EXEMPT MICRO ENTERPRISE
CODES OF GOOD PRACTICE	REVISED DTI CODES AS PER GAZETTE NUMBER 36928
ENTITY TYPE	CLOSE CORPORATION
REGISTRATION NAME	BLACK ORCHID BY DESIGN CC
TRADING NAME	BLACK ORCHID BY DESIGN CC
REGISTRATION NUMBER	2011 / 104561 / 23
VAT NUMBER	4940261003
ADDRESS	UNIT 62, SLEEPY GABLES, CNR 11 <sup>TH</sup> AVENUE AND RIETFONTEIN ROADS, RIVONIA, 2193

**B-BBEE STATUS**

% BLACK MALE OWNERSHIP	0	%
% BLACK FEMALE OWNERSHIP	100	%
% TOTAL BLACK OWNERSHIP	100	%
<b>B-BBEE STATUS LEVEL</b>	<b>LEVEL 1</b>	
B-BBEE PROCUREMENT LEVEL	100	%
EMPOWERING SUPPLIER	YES	
ESD BENEFICIARY	NO	

I, the undersigned deponent, being the representative of the above entity and duly authorized to act on its behalf, declare under oath that THE ANNUAL TURNOVER OF THE ABOVE ENTITY WAS LESS THAN R10,000,000 (Ten Million Rand) in terms of the most recent financial statements and QUALIFY THE ENTITY AS A EXEMPT MICRO ENTERPRISE (EME) PER THE B-BBEE CODES NO 36928. The above entity does not fall within any sector charter and I am aware that any misrepresentation, including fronting constitutes a criminal offence as set out in the Broad Based Black Economic Empowerment Act as amended. All facts stated herein including the black ownership of the entity are in all aspects to the best of my knowledge and belief true and correct. I understand the contents of this affidavit and 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.

DEPONENT SIGNATURE  
 FULL NAMES  
 IDENTITY NUMBER

*(Handwritten Signature)*  
 KIM KELLY CROWLEY

DATE 18 / 03 / 2019  
 (DD/MM/YYYY)

VALIDITY PERIOD 12 MONTHS FROM DATE SIGNED BY COMMISSIONER  
 BEE AFFIDAVIT REF NUMBER SAA6022

**COMMISSIONER OF OATHS**

I certify that the deponent has acknowledged that he/she understands the contents of this affidavit. The deponent does not have any objection taking the oath and considers it to be binding on his/her conscience, which was signed and sworn before me.

*(Handwritten Signature)*  
 Commissioner of Oaths Signature:  
*(Handwritten Name)*  
 Commissioner of Oaths Name:  
 Date Signed: 2019-03-18



COMMISSIONER OF OATHS  
 OFFICIAL STAMP