



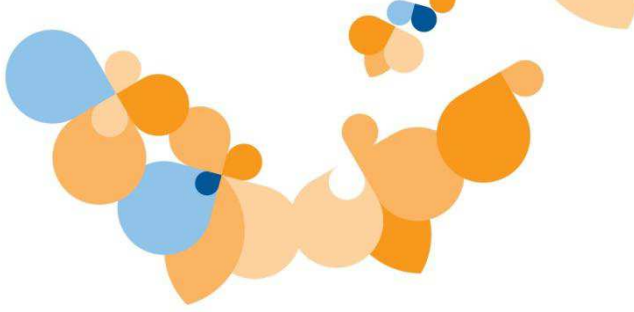
Dear NYDA Client,

In order to obtain your BEE Certificate and Listing on the BEE123 Suppliers Directory please complete the following attached forms and provide all required supporting documentation at the Workshop:

FORMS TO BE COMPLETED	
1.	Owners/Director/Shareholder/Member Declaration <ul style="list-style-type: none"> • This document is COMPULSORY for everyone to complete • Must be Certified
2.	Accounting Office/Auditor Declaration <ul style="list-style-type: none"> • This document is <u>only</u> for CCs and Ptys • This document needs to be completed by your Accounting Officer or Auditor. • Must be Certified • if you do not have an Accounting Officer or Auditor this document will not apply and does not need to be completed. However in this case, financials or proof of turnover needs to be provided. (signed and certified)
SUPPORTING DOCUMENTS (2x copies of each)	
1.	Identity document of the deponent (person making the declaration) <ul style="list-style-type: none"> • Must be Certified
2.	Companies Registration Documents (for CC and Ptys only) <ul style="list-style-type: none"> • CK1 – for CCs • CM1 – for Pty’s • Shareholder Certificates (for Pty’s) • Identity Documents of Members/ Shareholders <ul style="list-style-type: none"> ○ Must be Certified
NOTE: ALL forms and documents must be certified by a COMMISSIONER OF OATHS.	

PLEASE BRING ALL OF THE ABOVE FORMS AND SUPPORTING DOCUMENTS TO THE WORKSHOP SESSION IN ORDER FOR YOUR BEE CERTIFICATE TO BE PROCESSED AND ISSUED.

Please contact your NYDA Contact Centre for further assistance.



1. EXEMPTED MICRO ENTERPRISE AFFIDAVIT

Owner/Director/Shareholder/Member Declaration

I, the undersigned,

Full name: _____

Identity number: _____

hereby declare the following:

1. ENTITY DETAILS

Full name of Entity: _____ ("the Entity")

Trading Name: _____

Entity type:
(Company/CC/Sole
Proprietor/Trust/Other): _____

Entity Registration Number: _____

Vat Number: _____

Start of trading date: _____

Physical Address: _____

Suburb _____

City _____

Province _____

Postal Code _____

Postal Address: _____

Suburb _____

City _____

Province _____

Postal Code _____

Contact Person: _____

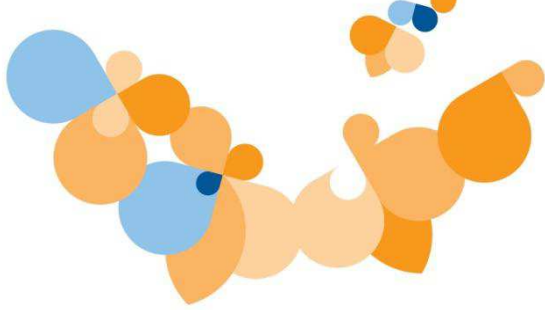
Telephone No: _____

Fax No: _____

Mobile No: _____

Email Address: _____

Website: _____



INDUSTRY

Please select the primary Industry in which your business operates. (Tick 1 box only)

Accounting/Bookkeeping	
Administration Services	
Advertising	
Agricultural	
Airconditioning	
Arts/Culture	
Auctioneers	
Audio Visual	
Aviation	
Banking	
Building/Construction Service Providers	
Building/Construction Supplies	
Building Professionals/Architects	
Business Support Services	
Butchery/Abattoir/Meat Wholesalers	
Catering	
Chemical	
Cleaning Services	
Computer Hardware	
Computer Software	
Computer Support Services	
Consulting	
Courier Services	
Dairy	
Debt Collection	
Distribution	
Dry Cleaning/Laundry Services	
Education	
Electrical Supplies	
Electricians	
Electronics	
Employment Recruitment/Human Resources	
Engineering	
Entertainment	
Equipment Rental/Plant Hire	
Estate Agent	
Event Management/Hospitality	
Film/Video Industry	
Financial Services	
Fishing Industry	
Flooring/Carpets/Tiling Services	
Florist/Flowers	
Food & Beverages	
Franchise	
Funeral Services	
Furniture/Carpentry	
Garden Services/Horticulture/Landscape	
Government/Government Agency	
Graphic Design	
Hair/Beauty Salons	
Hardware Building Supplies	
Health and Wellness	
Holiday/Leisure	
Import & Export	
Information Technology	

Insurance	
Interior Decorating and Design	
Jewellery Design/Wholesaler/Jewellers	
Legal	
Lighting	
Management Consulting	
Manufacturing	
Marketing	
Mechanical	
Media	
Medical/Health Services/Health Care	
Metal - Trading/Wholesalers/Pressings	
Mining Industry	
Motoring/Automotive	
Music Industry	
NGO/Non Profit Organisation	
Office Equipment	
Outsourcing	
Packaging	
Pension/Provident Fund	
Pest Control	
Petroleum/Fuel/Gas	
Pharmaceutical	
Photography	
Plant Hire	
Plumbers	
Plumbing Supplies	
Printing Services	
Professional Services	
Property Development/Management	
Public Relations	
Publishing	
Recycling	
Removals/Storage	
Repair & Maintenance	
Retail	
Rubble Removal/Earth Moving	
Safety/Security	
Sales	
Secretarial	
Security Industry	
Scrapyard/Scrapmetal	
Shopfitters	
Sports - Clubs/Equipment/Consulting	
Stationery/Office Supplies	
Telecommunications/Communications	
Textiles/Clothing/Fabrics	
Towing/Breakdown Service	
Training	
Transportation/Freight/Logistics	
Travel/Tourism	
Vehicle Hire	
Veterinary	
Waste Management/Waste Removals	
Wholesale	

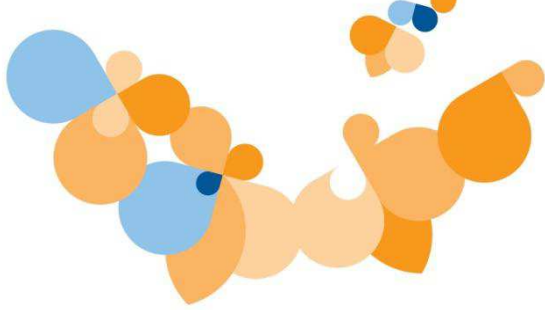


AREA SERVICED

Please select the geographic area that your business services. (Tick 1 box only)

Eastern Cape	All	
	Cradock	
	East London (Greater)	
	Graaf Reinet	
	Grahamstown	
	Port Elizabeth (Greater)	
	Queenstown	
	Umtata	
Free State	All	
	Bethlehem	
	Bloemfontein	
	Harrismith	
	Kroonstad	
	Sasolburg	
	Welkom	
Gauteng	All	
	Eastern Gauteng	
	Johannesburg (Greater)	
	Midrand	
	Pretoria/Tshwane (Greater)	
	Vaal	
	Western Gauteng	
KwaZulu -Natal	All	
	Durban (Greater)	
	Ladysmith	
	Midlands	
	Newcastle	
	Pietermaritzburg	
	Richards Bay/Empangeni	
	South Coast	
Limpopo	All	
	Bela Bela	
	Louis Trichardt/Makhado	
	Mokopane	
	Phalaborwa	
	Polokwane	
	Thohoyandou	
	Tzaneen	

Mpumalanga	All	
	Emahleni (Witbank)	
	Ermelo	
	Middelburg	
	Nelspruit (Greater)	
	Secunda	
Northern Cape	All	
	Colesberg	
	De Aar	
	Kimberley	
	Upington	
North West	All	
	Hartbeespoort/Brits	
	Klerksdorp	
	Lichtenburg	
	Mafikeng	
	Potchefstroom	
	Rustenberg	
Vryburg		
Western Cape	All	
	Beaufort West	
	Bellville	
	Cape Town (Greater)	
	Garden Route	
	Oudtshoorn	
	Stellenbosh/Winelands	
	Southern Cape	
	West Coast	



2. RELATIONSHIP TO THE ENTITY

- I am an adult male/ female (*delete whichever is not applicable*)
- I am the/an owner/director/ shareholder/ member of the Entity (*delete whichever is not applicable*).
- A certified copy of my Identity document is attached hereto.

3. TURNOVER/TRADING DATE

- The projected annual turnover for the current year of operation for the Entity has been calculated and is less than the EME threshold of R5 000 000 (Five million Rand) turnover per annum.

OR

- The Entity started trading in the last 12 months

(Delete whichever is not applicable)

4. SHAREHOLDING

(Completed this section only if there is black ownership)*

*(*Black people = African, Coloured and Indian South Africans Citizens)*

- Please complete the following table:-

Individual Shareholders	Percentage Holding	Population Group	Operational Involvement	Gender
Name	%	A/C/I/W/ NSA ¹	Yes/No	M/F
Corporate or Organization	Percentage	Ownership by	Operational	Women
Entity Name	%	%	Yes/No	%
Total Holdings				

1: A = African, C = Coloureds, I = Indian, W = Whites NSA=Non-South African or Foreign Citizen



5. SUPPORTING DOCUMENTATION

Please attach copies of the following supporting documentation:

- **Certified copy** of the **Identity Document** of the **Deponent to this Affidavit**
- **Certified copies** of the **Identity Documents** of **black shareholders** *(if there is black ownership)*
- **Close Corporations:**
 - **CK1 form** (Founding statement for CC)
- **Companies:**
 - **CM1 form** (Certificate of incorporation) ; **and**
 - **CM9 form** (Certificate of change of name of company) *(if applicable)*

I agree and accept that Empowerdex (Pty) Ltd may wish to verify the correctness of that stated above at any stage after signature of this affidavit by verifying this information with the South African Department of Home Affairs or such other entity as may be in position to be of assistance in such verification process.

I declare that information supplied in this affidavit is true and correct. I understand that providing false information or failing to provide the information required constitutes misrepresentation.

Signed at on the day of20.....

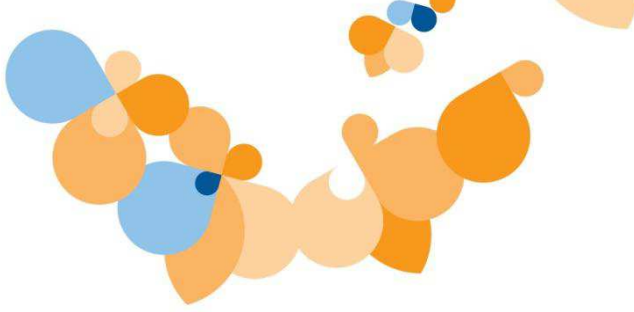
SIGNATURE: FULL NAMES:

Signed and sworn before me at on this theday of.....20.....

The deponent has acknowledged that he/ she knows and understands the contents of this declaration that are true and correct and that he/ she has no objection in taking the prescribed oath which he/ she consider to be binding on his/ her conscience. The deponent agrees to notify Empowerdex if/when they go over 12 months of trading.

.....

COMMISSIONER OF OATHS



2. EXEMPTED MICRO ENTERPRISE AFFIDAVIT

Accounting Officer/Auditor Declaration

I, the undersigned,

Full name: _____

Identity number: _____

Practice Details *(Insert if Applicable)*

Name of Practice: _____

Practice Number: _____

Hereby declare the following:

1. RELATIONSHIP TO THE ENTITY

- I am an adult male / female *(delete whichever is not applicable)*
- I am the accounting officer / auditor *(delete whichever is not applicable)* of

Entry Name: _____

Registration Number: _____

("the Entity")

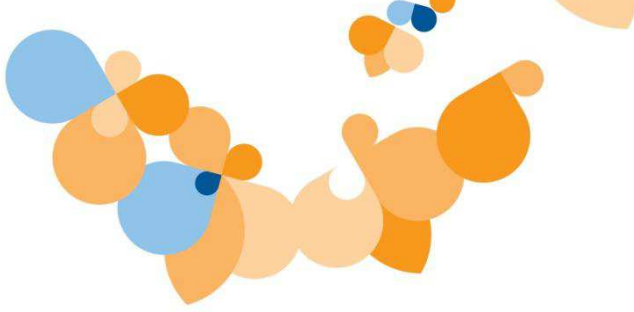
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COMMISSIONER OF OATHS