

## AFFIDAVIT FOR BLACK OWNERSHIP FOR EME

*Please note that this declaration must be completed at an office of a SANAS accredited BEE verification agency in front of EME Analyst. If this is not possible, then this must be completed in front of a Commissioner of Oaths and stamped and signed accordingly.*

I, the undersigned: \_\_\_\_\_ (insert full names)

with identity number: \_\_\_\_\_ (insert identity number)

do hereby state that:

I, the: \_\_\_\_\_ (insert position in the business)

Of: \_\_\_\_\_ (insert business name)

\_\_\_\_\_  
\_\_\_\_\_  
(insert Physical Address)

hereby confirm that I am a Black South African as defined in the BROAD-BASED BLACK ECONOMIC EMPOWERMENT Act of 2003, meaning that I am an African, Coloured, Chinese or Indian natural person who is a citizen of the Republic of South Africa by birth or descent; or a citizen of the Republic of South Africa through naturalisation occurring:

- a) before 27 April 1994; or
- b) after 27 April 1994, but who, without the Apartheid policy would have qualified for naturalisation before then.

I also confirm that I am a black male / female (**delete incorrect alternative**)

I confirm that I hold the percentage shareholding/interest/rights of ownership in the above mentioned business .....% (**insert appropriate percentage**)

**Please complete either Part A or Part B below:**

### Part A:

**Definition: "Ownership Fulfilment"** occurs on the release of all black participants in a Measured Entity from all third-party rights arising from financing their transaction with the Measured Entity, or if all black Participants in the Enterprise have never been subject to any such third-party rights.

I, ..... (**Name and ID number**), in my capacity as  
\*Individual          interest          holder/          Fiduciary/          Trustee/          Director          of  
..... (**Entity Name**) declare that no claims exist against the equity interest  
of \*myself in the above Measured Enterprise in terms of the definition of Ownership Fulfilment.

**\*delete that which is not applicable**

**PLEASE NOTE THAT IF THERE IS NO CLAIM AGAINST YOUR EQUITY INTEREST YOU DO NOT FILL IN PART B BELOW.**

### Part B:

I, \_\_\_\_\_ (Name and ID number), in my capacity as \*Individual  
 interest holder/ Fiduciary/ Trustee/ Director of  
 \_\_\_\_\_ (Entity Name) state that since the acquisition date  
 \_\_\_\_\_ (state date) of the black shareholder shares in the measured enterprise, the  
 black participants have not been fully released from all third party rights. However, \_\_\_\_\_ (%) of the claims  
 against the equity interest of \*myself/ participants in aforementioned entity in the above Measured Enterprise in  
 terms of the Time graduation factor have been paid. (\*delete that which is not applicable)

**Time graduation factor as follows:**

- 10% of the claim for the first year after the current equity interest date
  - 20% of the claim for the second year after the current equity interest date
  - 40% of the claim from the first day of the third year after the current equity interest date to the last day of the fourth year after the current equity interest date
  - 60% of the claim from the first day of the fifth year after the current equity interest date to the last day of the sixth year after the current equity interest date
  - 80% of the claim from the first day of the seventh year after the current equity interest date to the last day of the eighth year after the current equity interest date
  - 100% of the claim from the first day of the ninth year after the current equity interest date to the last day of the tenth year after the current equity interest date
1. The facts hereinafter contained are within my personal knowledge and are, to the best of my belief, true and correct.
  2. **PURPOSE OF THE DECLARATION**
    - 2.1 This letter confirms the ownership debt on the shares associated with the abovementioned business entity in accordance with the Broad-Based Black Economic Empowerment Act of 2003

\_\_\_\_\_  
 (Note: insert Signature)

Date Signed: \_\_\_\_\_, at \_\_\_\_\_

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**ME Analyst/Commissioner of Oath**

Date Signed: \_\_\_\_\_

**I HEREBY CERTIFY** that the deponent has acknowledged that s/he knows and understands the contents of this affidavit, which was signed and sworn before me at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 2015, the regulations contained in Government Notice No R1258 of 21 July 1972, as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

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**COMMISSIONER OF OATHS**

Full Names: \_\_\_\_\_ (insert full names)

Office: \_\_\_\_\_ (insert Company Name)

Business Address: \_\_\_\_\_ (insert Physical Address)