

SWORN AFFIDAVIT - B-BBEE QUALIFYING SMALL ENTERPRISE

I, the undersigned,

Full name & Surname	Refiloe Sibongile Nyembe
Identity number	590406 0338 082

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 I director I owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name	PGSI Group
Trading Name	PGSI Group
Registration Number	2005/004573/07
Enterprise Address	C/O Helen & Taljaard Street Hermanstad, Pretoria

3. I hereby declare under oath that:

- The enterprise is 100 % black owned;
- The enterprise is 100 % black woman owned;
- Based on the management accounts and other information available on the 2015 financial year, the income did not exceed R50,000,000.00 (fifty million rands);
- The entity is an Empowering Supplier in terms of Clause 3.3 (a) or (b) or (c) or (d) or as amended 3.3 (e) (select one) _____ of the dti Codes of Good Practice.
- Please confirm on the table below the B-BBEE level contributor, by ticking the applicable box.

100% black owned	Level One (135% B-BBEE procurement recognition)	X
More than 51% black owned	Level Two (125% B-BBEE procurement recognition)	
(a) At least 25% of cost of sales, (excluding labour costs and depreciation) must be procurement from local producers or suppliers in South Africa; for the services industry include labour costs but capped at 15%.	X (b) Job Creation – 50% of jobs created are for black people, provided that the number of black employees in the immediate prior verified B-BBEE measurement is maintained	
(c) At least 25% transformation of raw material / beneficiation which include local manufacturing, production and /or assembly, and/ or packaging	(d) At least 12 days per annum of productivity deployed in assisting QSE and EME beneficiaries to increase their operation or financial capacity	
(e) At least 85% of labour costs should be paid to South African employees by service industry entities.	X	

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.

It is hereby certified that this is a true copy of the original document and that there is no indications that alterations have been made thereto by an unauthorized person

Hiermee word gesertifiseer dat hierdie 'n ware afskrif is van die oorspronklike dokument en dat daar geen aanduidings is dat daar enige veranderings deur 'n ongemagtigde persoon daarop aangebring is nie

Hantekening: H. Kleynhans Datum: _____
 KOMMISSARIS VAN EDE / COMMISSIONER OF OATHS
 HERMAN KLEYNHANS
 Ex Officio

Professionele Rekenmeester (SA) / Professional Accountant (SA)
 Membership number / Lidnommer 27964
 Kerkstraat 21, Lichtenbrug 2740 / Church street 21, Lichtenburg 2740

Deponent Signature: _____

Date: 11 April 2016

 Commissioner of Oaths
 Signature & stamp