SWORN AFFIDAVIT - B-BBEE EXEMPTED MICRO ENTERPRISE

I, the undersigned,

Full name & Surname	CARYN LY	INNE	CONIDARIS
Identity number	621223 01	43 088	

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.
- I am a member / director / owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name	THE HUMAN RESOURCE PRACTICE
Trading Name	THE HUMAN RESOURCE PRACTICE
Registration Number	1992/009173/23
Enterprise Address	HINGHAM FIELD OFFICE PARK 79 BOEING ROAD EAST
·	BEDFORDVIEW, 2007

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The enterprise is ___ _% black owned;

The enterprise is ____13 % black woman owned;

Based on the management accounts and other information available on the 2015/16 financial year, the income did not exceed R10,000,000.00 (ten million rands);

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)	
More than 51% black owned	Level Two (125% B-BBEE procurement recognition)	-
Less than 51% black owned	Level Four (100% B-BBEE procurement recognition)	V

- 4. The entity is an empowering supplier in terms of the dti Codes of Good Practice.
- 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.

The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature:

Date:

Signature & stamp

SOUTH AFRICAR FOLICE SERVICE

CLIENT, SERVICE CENTRE

2016 -04- 28

SANDRINGHAM

BOWNI VEHICVA LOTICE SEARICE