



B-BBEE SWORN AFFIDAVIT

For the purposes of B-BBEE Compliance of a Qualifying Small Enterprise (QSE)

ENTITY DETAILS

Entity Registration Number	1989/035204/23
Entity Name	R AND V BEARING SUPPLIES CC
VAT Number (if applicable)	4800101745
Entity Address	80 VOORTREKKERROAD PAROW 7500
Entity Type (CC, Pty Ltd., Sole Prop. Etc.)	CC
Nature of Business	IMPORTERS AND DISTRIBUTORS OF BEARINGS AND OTHER SUPPLIES

TO BE COMPLETED BY DEPONENT

I (full name)	FARIED WILLIE
ID \ Passport number	6503305127083
Residing at Address	15 CAMERON STREET, CRAWFORD ATHLONE
Work Telephone No.	0219305200
Cell phone No.	0833830004
Capacity of Signatory	DIRECTOR AND MEMBER OF THE CC

Had the measured enterprise applied the modified flow-through principle?*(Please select one).

YES

NO

I hereby declare under oath that:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am duly authorised to act on behalf of the abovementioned entity.
3. I also confirm that:
 - 3.1. The entity is 100 % black owned (as defined);
 - 3.2. The entity is 0 % black female owned;
 - 3.3. Based on the Audited Financial Statements/Financial Statements and other information available on the latest financial year-end of 28/02/2022, the Total Revenue was between R10,000,000.00 (Ten Million Rands) and R50,000,000.00 (Fifty Million Rands);

3.4. 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)	<input checked="" type="checkbox"/>
More than 51% Black Owned	Level Two (125% B-BBEE procurement recognition)	<input type="checkbox"/>
Less than 51% Black Owned	Level Four (100% B-BBEE procurement recognition)	<input type="checkbox"/>

**The Department of Trade and Industry, 2019. SCHEDULE 1: CODES OF GOOD PRACTICE ON BROAD BASED BLACK ECONOMIC EMPOWERMENT GAZETTE #42496. 2019 (Notice 303), 307*

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath. I consider the oath binding on my conscience and on the owners of the entity which I represent in this matter;
5. The sworn affidavit is **valid for a period of 12 months** from the date signed by the commissioner.

Deponents Signature: *Michelle Parsons*

Place: _____

Date: 27/7/22

TO BE COMPLETED BY THE COMMISSIONER OF OATHS

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

At Parow SPE on this the 27/07/2022

Full Name W. Vid Hecker

Business Address 01 Arnold William

Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die
I certify that this document is a true reproduction/copy of the
oorspronklike wat deur my persoonlik besigtig is en dat, volgens my
original which was examined by me and that from my observa-
waarnemings, die oorspronklike nie op enige wyse gewysig is nie.
tion, the original has not been altered in any manner.

Raymond Heera
.....
handtekening/signature

SOUTH AFRICAN POLICE SERVICE
PAROW
2022 -07- 27
COMMUNITY SERVICE CENTRE
SOUTH AFRICAN POLICE SERVICE