

SWORN AFFIDAVIT

FOR PURPOSES OF B-BBEE COMPLIANCE OF AN **EXEMPT MICRO ENTERPRISE (EME)**

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COMPANY DETAILS

| | | | |
|-------------------------|--|------------|------------|
| Company Registered Name | MIRACLE CASKETS (PTY) LTD | | |
| Company Trade Name | MIRACLE (PTY) LTD | | |
| Company Address | 2 CAPITOL PEAK PLACE MIDSTREAM ESTATE X38 CENTURION 1692 | | |
| Registration Number | 2016/208840/07 | VAT Number | 4770273821 |
| Company Type | <input type="radio"/> Close Corporation <input checked="" type="radio"/> Company <input type="radio"/> Sole Trader | | |
| | <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> Non Profit Organisation | | |

TO BE COMPLETED BY THE DEPONENT

| | | | |
|--------------------------|--|--------|----------------|
| I (full name) | GAVIN JOHN GERBER | | |
| RSA ID / Passport Number | 7007115011080 | | |
| Residing Address | 2 CAPITOL PEAK PLACE MIDSTREAM ESTATE X38 CENTURION 1692 | | |
| Tel (w) | (083) 450-9738 | (h) | (012) 942-0490 |
| | | (cell) | (083) 450-9738 |

I hereby declare under oath that:

I am a member / director / owner of the above-mentioned entity and am duly authorised to act on its behalf.

The annual turnover of the above-mentioned entity was **less than R10,000,000** (Ten Million Rand) in terms of the most recent audited financial statements or factual finding from an independent review, qualifying the entity as a **Exempt Micro Enterprise (EME)**.

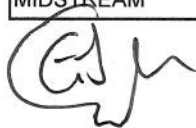
I also confirm that the company has a Black (as defined per the B-BBEE Codes of Good Practice) shareholding as follows:

| | | |
|---------------------------------|------|---|
| Total Black Shareholding | 0.00 | % |
| Total Black Female Shareholding | 0.00 | % |

I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience and on the owner/s of the above mentioned enterprise I represent.

Place **MIDSTREAM** Date (dd/mm/yyyy) **25-Mar-2019**

Signed



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 | Stormill | on this the (dd/mm/yyyy) | 25/03/2019 |
| Full Name | Lola Junelle Prins | | |
| Business Address | 14 Harnas Street Stormill | | |
| Stamp and Sign | <p>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 Stormill on this the 25 day of March 2019, and that the administering oath complied with the regulations contained in Government Gazette No. R 1258 of July 1972, as amended.</p> <p>COMMISSIONER OF OATHS LOLA JUNELLE PRINS - Member number: 34528 Professional Accountant (SA) ex officio: Republic of South Africa Unit F, 14 Harnas Street, Stormill Date: 25/03/2019</p> | | |