

DEPARTMENT OF SMALL BUSINESS DEVELOPMENT/DEPARTMENT OF SPORT, ARTS AND CULTURE
COVID-19 RELIEF FUND

AFFIDAVIT

COMPANY DETAILS

VAT number _____ Registration number _____

Registered company name _____

Company trade name _____

Company address _____

Company type (please tick)

For profit

Not-for-profit

Cooperative

Partnership

Sole trader

TO BE COMPLETED BY THE DEPONENT

I (full name) _____

ID/Passport number _____

Residing address _____

Tel (w) _____ Tel (h) _____ Cell _____

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.

I confirm that the company shareholding is as follows:

Total black shareholding as a percentage: _____ Total female shareholding as a percentage: _____

Total youth shareholding as a percentage: _____ Total disability shareholding as a percentage: _____

I confirm that the company employs the following staff:

Total staff: _____ Total South African staff as a number _____; and as a percentage _____

Has the company received any COVID-19 relief funding? YES/NO

If YES, please provide the name of the funder and the amount.

Funder's name	Amount	Funder's name	Amount

I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience.

Place _____

Date (dd/mm/yyyy) _____

Signature _____

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. The affidavit was sworn to and signed before me.

At _____

on (dd/mm/yyyy) _____

Full name and address _____

Stamp and signature