

**SWORN AFFIDAVIT – BENEFICIARY BASE**

I, the undersigned,

Full name & Surname	LARA KRUISKAMP
Identity number	7911280155087

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 / director / owner of the following enterprise and am duly authorized to act on its behalf:

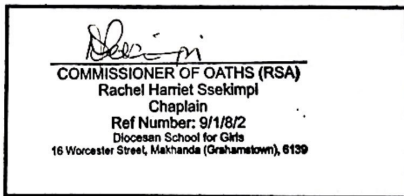
Organization Name	LIV LUKHANYISO
Registration Number	NPC 2016/300279/08
Enterprise Address	5 WINSFORD RD GRAHAMSTOWN 6140

- 3) I hereby declare under oath that:  
- In total 100 % of the value of benefits acquired by our organization accrue to black people as defined in Codes of Good Practice

Deponent Signature and date:  
stamp:

*L. Kruskamp* 8 September 2023

Commissioner of oaths signature &



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 MAKHADA on this the 8<sup>th</sup> day of SEPT 2023  
and that the administering oath complied with the regulations contained in Government Gazette No. R1258 of 21 July 1972, as amended.