



AFFIDAVIT

(Unique Affidavit Number CUS04117SWA01.1)

Applicable Scorecard

BLACK-OWNED QUALIFYING SMALL ENTERPRISE

Applicable Code of Good Practice

Amended Tourism Sector Codes: Gazette No. 39430

MEASURED ENTITY

Measured Entity Full Name **CUSTOMERS APPRECIATE BETTER SERVICE (PTY) LTD**
 Trade Name **CABS CAR HIRE**
 Registration No. **1995/002686/07**
 VAT No. **4030150082**
 Head Office, Location **14 MONTREAL DRIVE, AIRPORT INDUSTRIA, CAPE TOWN, 7490**

BROAD-BASED BEE STATUS

B-BBEE Status	LEVEL 1
B-BBEE Procurement Recognition Level	135%
% Black People Ownership	100.00%
% Black Women Ownership	50.00%
100% Black Owned	YES
30% Black Women Owned	YES
% Black Designated Group	YES
% Black New Entrants	NO
Empowering Supplier	YES
Supplier Development Beneficiary Status	YES

Citation

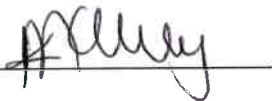
I, the undersigned, ANNE MARIE CHINGWENA with identity number: 6707101014086 do hereby declare under oath that the contents of this affidavit, including that which is related to the identity of the Measured Entity and its Broad-Based BEE Status (including Black Ownership, Empowering Supplier Status and Enterprise & Supplier Development Status as reflected above) are to the best of my knowledge a true reflection of the facts. I am the MEMBER of the abovementioned Measured Entity and am duly authorised to make this affidavit. I declare that the last completed financial year end of the Measured Entity was 30 APRIL 2021. I also declare that the Total annual Revenue of the Measured Entity for this financial period was between R5 Million and R45 Million. I know and understand the contents of this affidavit and have no objection to taking the prescribed oath, and consider the oath binding on my conscience and on the owners of the abovementioned Measured Entity, which I represent. I am aware that any misrepresentation with regard to the facts contained herein constitutes a criminal offence as set out in the Broad-Based BEE Act as amended.

Deponent Name:


 ANNE MARIE CHINGWENA

I, the undersigned Commissioner of Oaths, hereby certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn before me at POMONA on the 11 day of OCTOBER 2021, the regulations contained in Government Notice No R1258 of 21 July 1972, as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

Signature of Commissioner of Oaths:



Name of Commissioner of Oaths:

Designation of Commissioner of Oaths:

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COMMISSIONER OF OATHS (RSA)
CHIRATIDZO MELANIA KATSANDE
 BAP (SA) 10180
 3 Sim Road, Pomona, Kempton Park, 1620

Commissioner of Oaths Stamp