B-BBEE EXEMPTED MICRO ENTERPRISE AFFIDAVIT

Company: Madashryan Holdings (Pty) Ltd t/a Maryan Holdings
Company Registration Number: 2015/017928/07
Vat Number: 4560271639
Affidavit Issued: 16/07/2018
Affidavit Expiry: 15/07/2019
BEE Status: Level 1
Procurement Recognition: 135%
Black ownership: 100%
Empowering Supplier Status: Yes
Empowering Status: Yes
Enterprise and Supplier Development Beneficiary: No

Company Physical Address:
Unit 3, Osdam Park
Challenger Street
River Gate
Cape Town
Western Cape
7441

I hereby declare that I, Roedolf Muller, with the Identity Number 681004 5168 081 and being a Director of Madashryan Holdings (Pty) Ltd t/a Maryan Holdings in the General industry am authorized to issue this affidavit for and on behalf of the company and its directors / members / representatives and that I do hereby declare;

That I am the Director of Madashryan Holdings (Pty) Ltd t/a Maryan Holdings which is a Private Company with the registration number 2015/017928/07.I hereby declare that said company has received less than R10 million of income in the last 12 months.

I hereby declare that as at the date of signing this affidavit the company's black ownership status is a level 1.
Madashryan Holdings (Pty) Ltd t/a Maryan Holdings automatically qualifies as an Empowering Supplier as per the BEE Codes of Good Practice which were gazetted in October 2013 and are applicable from that date.

I hereby declare that I am aware that any false representation made by me of Madashryan Holdings (Pty) Ltd t/a Maryan Holdings's BEE status is a criminal offence and that criminal proceedings may be brought against me if misrepresentation is made by me in this Affidavit. Additionally other penalties may be applicable against the company and its Directors/Members/Principles as per the B-BBEE Act.

Declared this on …………………………… of …………………………………………………………………….. in the year 2018

Deponent Signature……………………………………………………………………………………………………

Deponent Name: Roedolf Muller

Deponent Identity Number: 681004 5168 081

……… …

Commissioner of Oaths

Commissioner Name: ……………………………………………………………………………………………..

Commissioner Stamp