
LEGAL SECTOR EQUITY CONFIRMATION AFFIDAVIT

I, the undersigned,

| | |
|-----------------------|--|
| Full name and Surname | |
| Identity number | |

Do hereby declare and state under oath as follows:

1. I am a Black _____ male/female legal practitioner as defined in the LSC.
2. I am part of a designated category (if applicable) in terms of the relevant provisions of the LSC, with the following particulars:
 - 2.1. I am a _____ (Black person)
 - 2.2. I am _____ (Male/Female)
 - 2.3. I am a young person (between the ages of 14 and 35) *
 - 2.4. I am a person living with a disability *
 - 2.5. I live in a rural area *
3. The contents of this statement are to the best of my knowledge a true and correct reflection of the facts herein deposed to.
4. I am a director/partner in the following legal enterprise:

| | |
|---|--|
| Name of Firm | |
| Registration Number/Date of partnership agreement | |
| LPC Firm Number | |
| VAT Number | |
| Firm's Address | |
| Province in which the Firm trades | |

5. I confirm that:
 - 5.1. I have _____ % of equity in the law firm;

- 5.2. I have, for the year ending _____(Financial Year End) received dividends/distribution in the amount of R _____ based on my equity;
- 5.3. I do participate in the voting and in operational decision making of the law firm as and when required in accordance with the shareholders/partnership agreement.
6. I accept that should any information on which I have relied on in deposing to this affidavit change prior to the Affidavit Expiry Date of 12 months; that I will advise third parties to whom this affidavit has been supplied, including the LSCC of such change.
7. I acknowledge and understand that each of the declarations and representations made by me in this affidavit are material and will be relied upon by third parties to whom this affidavit is provided as to their truthfulness and correctness.
8. I know and understand the contents of this affidavit and I have no objection to taking the prescribed oath or affirmation and consider same to be binding on my conscience.

Deponent Signature: _____

Date:

Commissioner of Oaths:

Signature: _____

*Delete whichever is not applicable