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**LEGAL SECTOR CONFIRMATORY AFFIDAVIT**  
**EXEMPTED LEGAL ENTITY (ELE) STATUS (ADVOCATE)**

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I, the undersigned,

Full name and Surname	
Identity number	
LPC Registration number	

Do hereby declare and state under oath as follows:

1. The contents of this statement are to the best of my knowledge and belief, a true and correct statement of facts

Bar Council Affiliated (if applicable)	
Number of years in practice as an advocate	
Chambers/ Office Address	
Province/Division of practice	

## DEFINITIONS

<b>“Black People”</b>	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as amended by Act no 46 of 2013, Black people is a generic term which means Africans, Coloureds and Indians:</p> <ul style="list-style-type: none"><li>• who are citizens of the Republic of South Africa by birth or descent; or</li><li>• who became citizens of the Republic of South Africa by naturalisation:<ul style="list-style-type: none"><li>- before 27 April 1994; or</li><li>- on or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalisation prior to that date</li></ul></li></ul>
<b>“Designated Categories”</b>	<p>means black women, black youth, black people with disabilities and black people from the rural areas, as contemplated in the LSC</p>

### 2. I further declare and confirm that:

- 2.1. I was enrolled to practice as an Advocate in \_\_\_\_\_ (year of admission);
- 2.2. I am a \_\_\_\_\_ (Black/White person)
- 2.3. I am \_\_\_\_\_ (Male/Female)
- 2.4. I am a young person (between the ages of 14 and 35) \*
- 2.5. I am a person living with a disability \*
- 2.6. I live in a rural area \*

### 3. Based on the financial statements and other information available to me on the latest financial year-end of \_\_\_\_\_ (DD/MM/YYYY), my total annual revenue generated from my practice as an advocate did not exceed R3,000,000.00 (Three Million Rand).

4. I know and understand contents of this affidavit, and I have no objection to take the prescribed oath or affirmation and consider same binding on my conscience.
5. 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.
6. 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.

Deponent Signature: \_\_\_\_\_

Date:

Commissioner of Oaths:

Signature: \_\_\_\_\_

\*Delete whichever is not applicable