



PRO FORMA STATEMENT PAGE 1 OF 1

FULLE NAMES AND SRNAME: SITHLESENKOSI JOHANNES NHLAPO (63)
WITH ID NUMBER OR DATE OF BIRTH: 8506295667081 AGE: 38 CONTACT NR: 0763505955 / 010 607 5950
RESIDING AT: 115 WILDE AMANDEL AVENUE, ROODEKRAANS, ROODEPOORT, 1724
EMPLOYED AS A / AN: CEO (MANAGING DIRECTOR) AT: SYNERGY EVOLUTION (PTY) LTD
REG NO. 2018/554584/07, INCOME TAX NO. 9475094170, VAT NO. 4300314954
CSD NO: MAAA0715002

DECLARES UNDER OATH / AFFIRMS AS FOLLOWS (Delete that which to not applicable)

SYNERGY EVOLUTION (PTY) LTD IS AN BUSINESS CONSULTING FIRM THAT PROVIDES ASSET MANAGEMENT & AUDIT CONSULTING SERVICES INCLUDING PROVISION OF VARIOUS GOODS, HARDWARE & SOFTWARE SOLUTIONS AS WELL AS LICENSING FOR THE SOFTWARE SOLUTIONS. THE SAID COMPANY PERFORMS ITS OPERATIONS FROM TIME TO TIME AT THEIR REGISTERED BUSINESS PREMISES LOCATED ACROSS 3 PROVINCES UNDER THE REGUS GROUP WITH MULTIPLE SATELLITE OFFICES IN VARIOUS TOWNS WITHIN THE RESPECTIVE PROVINCES. ITS MAIN HEAD OFFICE IS LOCATED AT CARGO WATER OFFICE PARK BUILDING NO. 3 GROUND FLOOR, CNR MILLENIUM ROAD & CHRISTIAAN DE WET ROAD, STRAUJENS VALLEY, ROODEPOORT, 1735. A RENTAL AGREEMENT IS IN PLACE FOR A PERIOD OF 12 MONTHS (01 JANUARY 2024 TO 31 DECEMBER 2024) WITH AN AUTOMATIC RENEWAL. THE REGUS GROUP IS RESPONSIBLE FOR HANDLING ALL MUNICIPAL ACCOUNTS & OTHER RENTAL AGREEMENTS WITH MEMBERSHIP NO: 13466554.

I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT
I HAVE NO OBJECTION/OBJECT TO TAKING THE PRESCRIBED OATH
I CONSIDER / DO NOT CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE
(Delete that which to not applicable)

SOUTH AFRICAN POLICE SERVICE
FINANCE
2024-02-08
ROODEPOORT
SUID-AFRIKAANSE POLISIEDIENS

SIGNATURE OF DEPONENT: [Signature] SIGNED AT (Place) (Date) (Time)

I certify that the above statement was taken by me and that the deponent her acknowledged that he / she knows and understand the contents of this statement. This statement was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence (delete that which is not applicable.)

At Roodepoort on 2024-02-08 at
[Signature]
B. MDAU
Full First names and Surname in Block Letters
NO! 04 Raath STR HORIZON Roodepoort
Business address (Street Address)
CST SA Police Service
Rank

INITIALS AND SURNAME OF SAPS EMPLOYEE TAKING STATEMENT: B. MDAU RANK: CST
PERSAL NR: 3044464-1 STATION: Roodepoort OB NUMBER: 279/02/2024

(Note that if the above details are not completed or are illegible, this affidavit is invalid)
This pro forma statement is intended for use in Gauteng Province from 16 January 2023 as per Provincial Instruction 1/2023. No other pro forma statement is valid. This statement must be completed by a SAPS Employee who is an ex officio Commissioner of oaths and may under no circumstances be completed by the Deponent. Possession of a blank