



Compliance Report by Sphere of Government / Public Entities / Organs of State

(in terms of Section 13G (2) of the Act)

Case Number

FORM: BBEE 1

**SECTION A: DETAILS OF ENTITY**

Name of Entity / Organisation	Dis-Chem Pharmacies and subsidiaries
Registration Number	2005/009766/06
Physical Address	23 Stag Road, Glen Austin Midrand, 1685
Telephone Number	(011) 589-2200
Email Address	shama@dischem.co.za
Indicate Type of Entity / Organisation	Public company
Industry / Sector	Retail
Relevant Code of Good Practice	Section 9 of B-BBEE Act 53 of 2003
Name of Verification Agency	Moore Stephens
Name of Technical Signatory	AS Ferreira

**SECTION B: INFORMATION AS VERIFIED BY THE BROAD-BASED BLACK ECONOMIC EMPOWERMENT VERIFICATION PROFESSIONAL AS PER SCORECARDS**

B-BBEE Elements	Target Score Including	Bonus Points	Actual Score Achieved
Ownership	e.g. 25 points		0.0
Management Control	e.g. 19 points		5.2
Skills Development	e.g. 20 points		10.1
Enterprise and Supplier Development	e.g. 40 points		26.9
Socio-Economic Development	e.g. 5 points		5.0
Total Score	e.g. 109 points		47.2
Priority Elements Achieved	YES / NO and specify them	No, not applicable to 2003 score card	
Empowering Supplier Status	YES / NO and specify them	No, not applicable to 2003 score card	
Final B-BBEE Status Level	Level 6 contributor to B-BBEE		

\*indicate how each element contributes to the outcome of the scorecard

**SECTION C: FINANCIAL REPORT**

**1. BASIC ACCOUNTING DETAILS:**

a. Accounting Officer's Name

b. Address:

c. Accounting Policy: *(Your accounts are done?)*

Weekly	Monthly	Other (specify)
	X	

d. Has the attached Financial Statements and Annual Report been approved by the entity?

**2. PLEASE ATTACH THE FOLLOWING:**

a. Copy of Annual Financial Statement including Balance Sheet and Income and Expenditure Report.

b. Annual Report

**3. ENTITY ANNUAL TURNOVER**

**Sign-off and Date**

 _____ <b>Signature</b>	 _____ <b>Date</b>
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