

AFFIDAVIT

(To be completed in the presence of a Commissioner of Oaths)

I.....

ID-Number..... Age

Residing address

Working address

Tel(w)(Fax)(cell)

Declare under oath in English / confirm in English that: –

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.....

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place:

Date:

Time:

Signature:

I certify that the above statement was taken from me and that the deponent has acknowledged that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponent's signature/mark/thumb print was placed thereon in my presence.

At:onat

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Commissioner of Oaths

(Details to be provided on physical and postal address e.g. stamp of police station)

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Force number/Rank/Name - print