

AFFIDAVIT

FULL NAMES : _____

GENDER : _____ ID NR : _____

RESIDING AT : _____

_____ TEL : _____

WORK ADDRESS : _____

_____ TEL : _____

States under oath in English :

I know and understand the contents of the above declaration. I have no objection in taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

SIGNATURE OF DEPONENT

I certify that the deponent has acknowledged that he/she knows and understand the contents of the above declarations which was sworn before me and the deponent's signature was placed thereon in my presence at _____

on _____ at _____

COMMISSIONER OF OATHS

FULL NAME