AFFIDAVIT			
I, the undersigned			
Name:			
States under oath in English that:			
1.			
I am an adult male/female of years of age with identity number, residing at			
2.			
The facts contained herein, save where indicated otherwise, are within my own personal knowledge and are to the best of my knowledge and belief both true and correct.			
3.			
I hereby submit the following:			

I know	v and understand the contents of this de	eclaration.	
I have	no objection to taking the prescribed o	oath.	
I consi	ider the prescribed oath as binding on r	my conscience.	
		Name:	
	ereby certified that the aforesaid declara	•	
on this	s the day of 2	2016, at, the dep	ponent
having	g confirmed and acknowledged:-		
a)	That he knows and understands the co	ontents of this declaration;	
b)	that he has no objection to taking the	prescribed oath;	
c)	and that he considers the prescribed o	oath as binding on his conscience.	

	COMMISSIONER OF OATHS	
Full names:		
Address:		
Rank/office held:		
Area for which appointed:		