
AFFIDAVIT

I, FULL NAME: _____,

WITH ID NR: _____,

Make oath and say that the following is true and I believe the oath to be binding on my coconscious:

1.

2.

3.

4.

5.

6.

7.

SIGNED AT _____ ON THIS ____ DAY OF _____ 20__

DEPONENT

Signed by the deponent who has stated that:

- a. He/she knows and understands the contents hereof and that it is true and correct.
- b. He/she has no objection to taking the prescribed oath.
- c. He/she regards the prescribed oath as binding on his/her conscience.

Signed before me

**COMMISSIONER OF
OATHS:**

SIGNATURE

FULL NAMES:

CAPACITY:

AREA:

STREET ADDRESS:
