

**STATEMENT / AFFIDAVIT**

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

I, \_\_\_\_\_

ID-Number: \_\_\_\_\_ AGE: \_\_\_\_\_

Residing address : \_\_\_\_\_

Working address: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

DECLARE UNDER OATH:  
(add sheets for detailed information)

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 acknowledge that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponents signature/mark/thumb print was placed thereon in my presence.

At: \_\_\_\_\_ on \_\_\_\_\_

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

\_\_\_\_\_  
Force number/Rank/Name

*Document to be adapted to suit requirements*