**AFFIDAVIT**

**(PROOF OF RESIDENTIAL ADDRESS)**

I, the undersigned,

**MR A (FULL NAME AND SURNAME)**

do hereby make oath and say:

1.

I am a major self-employed/employed/unemployed male/female businessman (state your current job description) with Identity Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently residing at No 10, ABC COMPLEX, 210 APPEL STREET, PRETORIA, GAUTENG.

2.

The facts contained herein are within my own personal knowledge and are to the best of my belief both true and correct unless specifically otherwise indicated.

3.

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full name and surname) with ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State nature of relationship – e.g. wife, son, mother, etc.) and that he/she resides with me at the abovementioned address.

4.

I have attached hereto the following document(s) to verify that I reside at the above address marked as Annexure “A”:

4.1

4.2

(Description of document to verify residential address, such as Rates and Taxes- or Utilities i.e. Water, Electricity account)

DATED AT \_\_\_\_\_\_\_\_\_\_\_\_\_(PLACE) ON THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPONENT**

SIGNED AND SWORN TO BEFORE ME AT PRETORIA ON THIS\_\_\_\_\_\_DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, THE DEPONENT HAVING ACKNOWLEDGED THAT THE DEPONENT KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, THAT THE DEPONENT HAS NO OBJECTION TO TAKING THE OATH AND THAT THE DEPONENT CONSIDERS THE OATH AS BINDING ON THE DEPONENT’S CONSCIENCE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMISSIONER OF OATHS

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNATION/RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_