**AFFIDAVIT**

**I**………………………………………………………………………………………………………………………………

**(FULL NAMES AND NATIONAL REGISTRATION NUMBERS)**

**residing at**………………………………………………………………………………………..........................

**do hereby solemnly and sincerely swear/declare the following**: …………................................

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**I make the above statement conscientiously believing the same to be true.**

**Signed …...................................................**

**Signed Before me at……………………..this………………………….day of…………………………………......**...... **DATE MONTH YEAR**

**Signed**………………………………………………………….

**(COMMISSION OF OATHS)**