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12 Verification

I/We , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

I/We have enclosed (number of documents) in support of proposed changes/corrections.

Place

	D	D	M	M	Y	Y	Y	Y
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<div></div>
Signature / Left Thumb Impression of Applicant (inside the box)