AFFIDAVIT

Date:		
Purpose:Confirming SETA Enr	ollment Status – Univers	sity placement (University WIL)
	(name)	(surname),
	(ID number) pers	onally came and appeared
before me, the undersigned, w	ho is a resident of	
Makes this his/her statement a belief and personal knowledge correct to the best of his/her kr	that the following matte	
Internship or was previo	ously enrolled.	olled for the same or a similar
DATED: This	day of	, 2024
Deponent:		
Commissioner of Oaths		
(Details to be provided on stan	nps of police station/com	mmissioner)