



SOUTH AFRICAN POLICE SERVICE

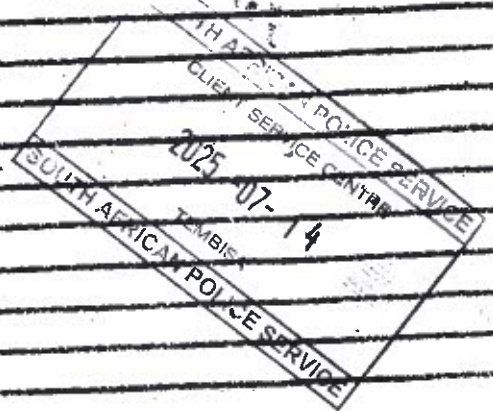
GAUTENG PROVINCE

PRO FORMA STATEMENT PAGE 1

FULL NAMES AND SURNAME: Jackson Mahlotle Khuto
ID NUMBER OR DATE OF BIRTH: 0107015719084 AGE: 24 CONTACT NR: 0661802747
RESIDING AT: Mbizane Street, Sethokga hostel, Tembisa, 1632
EMPLOYED AS / AND: AT: N/A Unemployed

DECLARES UNDER OATH / AFFIRMS AS FOLLOWS (Delete that which is not applicable)

I here by confirm that I currently stay / reside at
Mbizane Street, Sethokga hostel, Tembisa, 1632.



I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT
I HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH
I CONSIDER / I DO NOT CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE
(Delete that which is not applicable)

Signature of Deponent: MJ Khuto signed at TEMBISA SAPS: 14 July 2025 (Date) 17:43 (Time)

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she and understands the contents of this statement. This statement was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence (delete that which is not applicable).

At TEMBISA on 2025-07-14 at 17:43

(signature) commissioner of oaths

Full First names and Surname in block letters

244 IQGAQGA SECTION TEMBISA, 1632

Business address (street address)

SA Police Service

Rank

INITIALS AND SURNAME OF SAPS EMPLOYEE TAKING STATEMENT: [Signature]

PERSAL NR: 207579

RANK: [Signature]

STATION NUMBER / SAPS OS NUMBER: [Signature]

(Note that if the above details are not completed or are illegible, this affidavit is invalid)