

AFFIDAVIT

I, the undersigned, **Full Name:** Jackson Mahlotle Khuto

ID Number: _____

Address: _____ do hereby make oath and state that: 1. I am the applicant for a bursary administered by StudyTrust.

2. Both of my parents are deceased.
3. My current guardians are not employed and have no formal source of income.
4. I am therefore financially dependent on limited family support and require financial assistance to continue with my studies and living expenses.
5. The above information is true and correct to the best of my knowledge and belief. I make this solemn declaration conscientiously believing it to be true and understanding that it is of the same force and effect as if made under oath.

Signature of Deponent

Date: _____

I certify that the Deponent has acknowledged that he knows and understands the contents of this affidavit, which was signed and sworn to before me at

_____ on this _____ day of _____
20_____.

Commissioner of Oaths

Full Name: _____

Designation: _____

Business Address: _____