

AFFIDAVIT

I

ID-Number..... Age

	Current Address	Permanent Address
Plot		
Ward		
Town/Village		
Country		

Tel (cell)..... (w) (h)

Declare under oath –

.....

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place:

Date:

Time:

Signature:

The statement was sworn to/affirmed before me:

At: on day of

.....
 Commissioner of Oaths (Signature)

.....
 Commissioner of Oaths (Name Print)

Stamp
