AFFIDAVIT

Sworn statement — to be completed and signed in the presence of a Commissioner of Oaths

A. DEPONENT (the person making this statement)

I, the undersigned, _____

Full names and surname

Identity / passport no. | | | | | | | | | | | | | Age _____

Residential address _____

_____

_____

Postal code | | | | | Cellphone number _____

B. STATEMENT

I declare under oath / affirm that:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

C. DECLARATION BY THE DEPONENT

I am familiar with and understand the contents of this declaration.

☐ I have no objection to taking the prescribed oath, and I consider it binding on my conscience.

☐ I object to taking the oath, or do not consider it binding on my conscience, and I choose to affirm.

Place _____ Date | | | | | | | | | Time _____

D D M M Y Y Y Y

Signature of deponent _____

D. CERTIFICATE OF COMMISSIONER OF OATHS (completed by the Commissioner)

I certify that the deponent has acknowledged that he / she knows and understands the contents of this declaration, which was sworn to / affirmed before me, and that the deponent's signature / mark / thumb print was placed thereon in my presence.

At _____ on _____ at _____

Signature _____ Full names _____

Business address _____

Designation / office held and area of appointment _____

Official stamp / date stamp