SOUTH AFRICAN POLICE SERVICE

SWORN AFFIDAVIT



OUDTSHOORN SAPS

SOUTH AFRICAN POLICE SERVICE

NAME:	ID NUMBER:
RESIDENTIAL ADDRESS :	
TEL NO:	
Si	TATE UNDER OATH:
	1.
I hereby declare that I am residing at about	ve mentioned address.
	2.
I know and understand the content of this I consider the prescribed oath to be binding	s statement. I do not have any objection to take the prescribe oath. ng on my conscience.
	SIGNATURE OF DEPONENT
knows and understand the contents of thi	en by me and that the deponent has acknowledged that he/she is statement. This statement was sworn to / affirmed before me mb print was place thereon in my presence
at	onh
SIGNATURE OF COMMISSIONER O	OF OATH
NAME:	
RANK:	
FORCE NR:	

STREET ADDRESS: 36 BARON VAN REEDESTREET, OUDTSHOORN.