REPUBLIC OF SOUTH AFRICA

AFFIDAVIT

DEPENDENCY

I, the undersigned, do hereby make oath and state that:

Your Full Names and Surname (Deponent):

_____

Your South African ID Number:

_____

Dependant's Full Names and Surname:

_____

Dependant's Date of Birth:

_____

Dependant's Relationship to You:

_____

Date the Dependency Began:

_____

Approximate Monthly Support Provided (Rand):

_____

Where the Dependant Lives:

_____

1. I am an adult and the facts contained herein are within my personal knowledge and are both true and correct.

2. I make this affidavit for the purpose of Dependency and for it to serve before any authority that may require it.

3. I understand that making a false statement in an affidavit is a criminal offence.

I certify that the above information is true and correct to the best of my knowledge and belief, and I understand that if I have wilfully stated anything which I know to be false or which I do not believe to be true, I may be liable to prosecution.

_____ _____

SIGNATURE OF DEPONENT DATE

_____

PLACE

FOR OFFICIAL USE - COMMISSIONER OF OATHS

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit. This affidavit was signed and sworn to/affirmed before me at _____ on this _____ day of _____ 20_____ and that the regulations contained in Government Notice No. R1258 of 21 July 1972, as amended, and Government Notice No. R1648 of 19 August 1977, as amended, have been complied with.

_____

COMMISSIONER OF OATHS

OFFICIAL STAMP

_____

FULL NAME

_____

DESIGNATION

_____

BUSINESS ADDRESS

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