REPUBLIC OF SOUTH AFRICA

AFFIDAVIT

LOST/STOLEN/DAMAGED IDENTITY DOCUMENT

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

Full Name:

_____

ID Number:

_____

Contact Number:

_____

Date Lost/Stolen/Damaged:

_____

Circumstances (Lost/Stolen/Damaged):

_____

Last Known Location:

_____

Police Case Number (if applicable):

_____

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 Lost/Stolen/Damaged Identity Document 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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