



AFFIDAVIT

I, Swear under oath that the following details are true and accurate to the best of my knowledge:

Personal Details:

Title: Name(s): Surname:

Date of Birth: Age: Omang / Passport No:

Nationality:

Contact Details:

Phone No: Email:

Postal Address:

Residential Address:

Plot No: Ward: Town/Village:

Country:

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

Place: Date: Time:

Signature:

Commission of Oath: The statement was sworn to/affirmed before me:

At: on the day of 20

Commissioner of Oaths (Signature)

Commissioner of Oaths (Name Print)

STAMP