AFFIDAVIT

I.....

(FULL NAMES AND NATIONAL REGISTRATION NUMBERS)

Residing at.....

do solemnly swear/declare that the following: -.....

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I make the above statement conscientiously believing the same to be true

Signed.....

Signed before me at.....this.....day of.....

DATE MONTH YEAR

Signed.....

(COMMISSIONER OF OATHS)