AFFIDAVIT

I, _____

(FULL NAMES AND NATIONAL REGISTRATION NUMBER)

residing at _____

do hereby solemnly and sincerely swear/declare the following:

_____

_____

_____

_____

_____

_____

_____

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

Signed: _____

Signed before me at _____

this _____ DATE day of _____ MONTH _____ YEAR

Signed: _____

(COMMISSIONER OF OATHS)