

D. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted

I,, hereby declare under oath/affirm that the information submitted in this Affidavit and the Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

Signature of deponent _____

Date (YYYYMMDD)

I certify that before administering the oath I asked the deponent the following questions and wrote down his or her answers in his or her presence:

- (1) Do you know and understand the contents of this declaration? Answer: _____
- (2) Do you have any objection to taking the prescribed oath? Answer: _____
- (3) Do you consider the prescribed oath as binding on your conscience? Answer: _____

I certify that the deponent has acknowledged that he or she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature or mark was affixed to the declaration in my presence.

Signature of the Commissioner of Oaths

Surname

Forenames

Designation (rank)

Persal number

Business Address

Area code

Place

Date

Departmental Stamp

E. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

Notice of birth and affidavit received by:

Surname

Forenames

Persal number

Signature _____

Date

Departmental Stamp

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.