

SWORN AFFIDAVIT BY PERSON WHO INTENDS TO TRAVEL TO OR FROM ANOTHER PROVINCE DURING ADJUSTED ALERT LEVEL 4

(REGULATION 33 (4)(B) ISSUED IN TERM OF SECTION 27(2) OF THE DISASTER MANAGEMENT ACT, 2002)

Note: This affidavit may only be sworn to or affirmed at a magistrate's court or police station

Full Names			
Surname			
Identity Number			
Address of place of residence			
Province of residence			
Contact details	Cell nr.	Tel Nr(W)	e-mail address

Hereby declare under oath that I am moving to a new place of residence that requires travel across provinces during Adjusted Alert Level 4

AFFIRMATION / OATH

I, _____ (full names), identity number _____, hereby declare under oath / affirmation that the above mentioned information is true and correct. Signed at _____, on this ____ day _____ 2021

Signature of deponent

CERTIFICATION

I hereby certify that before administering the *oath/taking the affirmation, I asked the deponent the following questions and noted his / her answers in his/her presence as indicated below:

a) Do you know and understand the contents of the above declaration?

Answer: _____

b) Do you have any objection to taking the oath/affirmation?

Answer: _____

c) Do you consider the oath/affirmation to be binding on your conscience?

Answer: _____

I hereby certify that the deponent has acknowledged that *he/she knows and understands the content of this declaration which was *sworn to/affirmed before me and the deponents signature was placed thereon in my presence. Signed at _____, on this ____ day _____ 2021

Signature of Justice of the Peace / Commissioner of Oaths

Full name: _____

Designation: _____

Business Address: _____

*Delete which is not applicable