



AFFIDAVIT (To be completed in the presence of a Commissioner of Oaths)

Name	
ID Number	
Physical address	
Contact number (Cell phone)	
Email Address	

I, _____ declare under oath that:

- have never been convicted of a sexual offence against a child or a mentally disabled person either in South Africa or in another country;
- my name does not appear on the National Register for Sexual Offenders;
- my name does not appear in Part B of the National Child Protection Register as a person deemed unsuitable to work with children.

I am familiar with and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience. I understand that it is an offence to make a false statement knowing it to be false in an affidavit.

Place:	Date:
Name:	Signature:

Signed and sworn before me at _____ (place) on this the _____ (date), by the Deponent having acknowledged that she/he knows and understand and has no objections to the contents contained herein. She/he has no objection to taking the prescribed oath and considers it binding on his or her conscience.

Name of Commissioner of Oaths: _____

Force number and rank: _____