

21. Names of Kgosi (Surname):

First Name:

22. Names of Kgosa (Surname):

First Name:

Name of Ward:

23. Permanent Home address:

Country:

Town/Village:

Street/Ward:

Plot/House No:

24. Residential address:

Country:

Town/Village:

Street/Ward:

Plot/House No:

I declare that I am aware of the consequences of making a false declaration or giving false information or false evidence.

I further declare that to the best of my knowledge the information furnished by me orally or in writing is true and nothing else but the truth.

Date:

_____|_____|_____|_____|_____|_____|_____|_____|
D D M M Y Y Y Y

Signature of Declarant:

25. Particulars of Witness

I declare that the contents of this declaration were repeated orally to be by the deponent, sworn and adhered to:

Names of Witness (Surname):

First Name:

Date:

_____|_____|_____|_____|_____|_____|_____|_____|
D D M M Y Y Y Y

Time:

_____|_____|_____|_____|
H H M M

(Witness's Signature)

For Commissioner of Oaths:

Declared before me at:

Place:

Date:

_____|_____|_____|_____|_____|_____|_____|_____|
D D M M Y Y Y Y

Time:

_____|_____|_____|_____|
H H M M

Names of Commissioner of Oaths:

Telephone Number:

Designation of Commissioner of Oaths:

(Commissioner of Oaths Signature)

(Official Stamp)