AFFIDAVIT

I…….....

(FULL NAMES AND NATIONAL REGISTRATION NUMBER)

residing at…….

do hereby solemnly and sincerely swear/declare the following…….....

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

Signed: …….....

Signed before me at: …… this……..…..……day of…… …..……..

DATE MONTH YEAR

Signed: …….....

(COMMISSIONER OF OATHS)