AFFIDAVIT OF RESIDENTIAL ADDRESS & INCOME VERIFICATION

Please fill in the form in **BLOCK** letters appropriately. To be completed in the presence of a Commissioner of Oaths

Date | D | D | M | M | Y | Y | Y | Y |

Declaration

I (please print fulll name) _____ of ID/Passport No Please insert Omang/Passport No. _____

Do hereby solemly affirm and declare that I reside at;

Physical Address

City/Town/Village _____ District _____

Street/Ward Name _____ Plot/House No. _____

Income Verification

Name of Employer (If Applicable) _____ Contact No. _____

Income BWP _____ Period If Applicable (example: Weekly, Monthly, Ad-hoc) _____

Source of Income For example: (Vendor, Allowance, Motshelo) _____

I further certify that the above information is true and accurate. Furthermore, I understand that if any of the information contained in this letter is false, I can be held accountable and penalized in a court of law.

Customer Signature _____

For Official Use Only

Sworn and Affirmed before me on | D | D | M | M | Y | Y | Y | Y | At: _____

_____

Commissioner of Oaths

Official Stamp _____