

STADIO

HIGHER EDUCATION

2023 AFFIDAVIT

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

I _____

ID Number: _____ Age: _____

Residing Address: _____

Working Address: _____

Telephone: _____ (w) _____ (h) _____ (cell)

Declare under oath in English / confirm in English that I have never been convicted of a sexual offence against a child or a mentally disabled person. (In terms of Section 46 (1), (2) and (3) of the criminal law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007.

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.

Place: _____

Date: _____

Signature: _____

Time: _____

I certify that the above statement was taken from me and that the deponent has acknowledged that he / she knows and understands the contents of the statement. The statement was sworn to / affirmed before me and deponents' signature / mark / thumb print was placed thereon in my presence.

At _____ on _____ at _____

Commissioner of Oaths

(Details to be provided on physical and postal address e.g. stamp of police station)

Name – Print