



**AFFIDAVIT BY OWNER OF A RESIDENCE TO CONFIRM ADDRESS OF TENANT**

I, the undersigned

1. Initials and Surname: \_\_\_\_\_

2. 

Identity no.																			
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Residing at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

4. Tel: (w)\_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Declare under oath in English / confirm in English that (Initials and Surname of tenant) \_\_\_\_\_ with ID No. \_\_\_\_\_ is my (State relationship, i.e. tenant, mother, son, etc.) \_\_\_\_\_ and resides with me at the above-mentioned address. To confirm the correctness of the above-mentioned address I hereby submit the following document \_\_\_\_\_

\_\_\_\_\_

I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

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 deponent's signature / mark / thumb print was placed thereon in my presence.

At: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Oaths

Full names: \_\_\_\_\_

Address: \_\_\_\_\_

Rank/office held: \_\_\_\_\_

Area for which appointed: \_\_\_\_\_



**COMMISSIONER OF OATHS STAMP**