

## SWORN AFFIDAVIT BY PERSON WHO INTENDS TO TRAVEL TO OR FROM ANOTHER PROVINCE DURING ALERT LEVEL 3

(REGULATION 33 (4)(B) ISSUED IN TERM OF SECTION 27(2) OF THE DISASTER MANAGEMENT ACT, 2002)

Note: This affidavit may only be sworn to or affirmed at a magistrate's court or police station

<b>Full Names</b>			
<b>Surname</b>			
<b>Identity Number</b>			
<b>Address of place of residence</b>			
<b>Province of residence</b>			
<b>Contact details</b>	<b>Cell nr.</b>	<b>Tel Nr(W)</b>	<b>E-mail address</b>

Hereby declare under oath that I am a new place of residence that requires travel across provinces during Alert Level 3

### AFFIRMATION / OATH

I, \_\_\_\_\_ (full names), identity number \_\_\_\_\_, hereby declare under oath / affirmation that the above mentioned information is true and correct. Signed at \_\_\_\_\_, on this \_\_\_\_\_ day \_\_\_\_\_ 2020

\_\_\_\_\_  
Signature of deponent

### CERTIFICATION

I hereby certify that before administering the \*oath/taking the affirmation, I asked the deponent the following questions and noted his / her answers in his/her presence as indicated below:

a) Do you know and understand the contents of the above declaration?

Answer: \_\_\_\_\_

b) Do you have any objection to taking the oath/affirmation?

Answer: \_\_\_\_\_

c) Do you consider the oath/affirmation to be binding on your conscience?

Answer: \_\_\_\_\_

I hereby certify that the deponent has acknowledged that \*he/she knows and understands the content of this declaration which was \*sworn to/affirmed before me and the deponents signature was placed thereon in my presence. Signed at \_\_\_\_\_, on this \_\_\_\_\_ day \_\_\_\_\_ 2020

Signature of Justice of the Peace / Commissioner of Oaths

Full name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\*Delete which is not applicable