

AFFIDAVIT: CONFIRMATION OF REPRESENTATION

I,

Full Names & Surname: _____

Identity Number: _____ Gender: _____

Business/Company Name: _____
(where necessary)

Company Registration Number: _____
(where necessary)

Residential Address: _____

Email Address (if applicable): _____ Tel: _____

STATE UNDER OATH

1. That I am an adult person, and the facts contained in this affidavit are, unless otherwise stated, within my personal knowledge and are, to the best of my belief, both true and correct.

2. And that I am duly authorised to represent the

Name of Community/Family: _____ as
(nature of representation): _____
(e.g., spokesperson, elected representative, family elder, committee member)

3. The authority to represent the above-mentioned community/family was granted to me through the following process: (tick correct box)

community meeting held on (Date): _____

resolution passed on (Date): _____

signed mandate,

traditional leadership appointment

Other

Specify _____

4. I have been authorised to represent the above-mentioned community/family to
(indicate responsibilities): _____

(e.g., engaging with government departments, submitting applications, attending consultations, making declarations on behalf of the group)

5. I undertake to act in good faith and in the best interests of the community/family I represent, and to communicate all relevant information to them.

6. I attach the following supporting documents to this affidavit:

- Copy of my ID
- Signed mandate or resolution (if applicable) OR
- Minutes of meeting (if applicable) OR
- other proof of appointment (if applicable)

Signed at (Place): _____

On (DATE): _____

At (Time): _____

I know and understand the contents of this affidavit; that it is true and correct.

I have no objections to taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience

Signature: _____
(Deponent)

I certify that the above was signed and sworn to before me and that the deponent acknowledges that he/she knows and understands the contents of this statement.

Signed at (Place): _____

On (DATE): _____

At (Time): _____

COMMISSIONER OF OATHS STAMP: