

AFFIDAVIT

Idully
 endorse the following statements:

- I am an adult of fully capacity residing in

- The contents of this affidavit are within my personal knowledge and
 are true and correct
- The following person(s) are my dependants(s):

NO.	DEPENDENT		ID NO	RELATIONSHIP
1	Name			
	Surname			
2	Name			
	Surname			
3	Name			
	Surname			

Reasons:

.....

.....
 DEPONENT

THUS DONE AND SWORN BEFORE ME AT

.....

ON THE DAY OF TIME.....

THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS AND
 UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT AND CONSIDERS THE OATH
 BINDING.

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COMMISSIONER OF OATHS