



AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS

I, the undersigned

NAMES OF MEMBER:

Full names as they appear on ID/Passport

ID NO:

To be filled out by citizens of Botswana

PASSPORT NO:

To be filled out by non- citizens

Do hereby make oath and state that:-

1. The contents of this affidavit are within my personal knowledge, save where indicated, and the same are true and correct to the best of my knowledge and belief.
2. I am an adult female/male of full legal capacity residing at Physical address (Plot number/ Street name/ Kgotla/Ward (Fill out as appropriate)) and of postal address P O BOX / Private Bag _____
3. I am currently employed by Name of employer or Self Employed as Job title/ Position/ Business done if self employed.
4. I verify that the contents in this affidavit are true.

DEPONENT

THIS DONE AND SWORN TO AND SIGNED BEFORE ME AT _____ THIS _____ DAY OF _____ AT _____ AM/PM. THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, ADHERES THERETO, HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH, WHICH HE/SHE CONSIDERS BINDING ON HIS/HER CONSCIENCE, THE PROVISIONS OF THE RULES OF THE COMMISSIONER OF OATHS ACT HAVE BEEN FULLY COMPLIED WITH.

COMMISSIONER OF OATHS