



military veterans

Department:
Military Veterans

REPUBLIC OF SOUTH AFRICA

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FORCE NUMBER/SERIAL NUMBER

Subjected to health departments approval

AFFIDAVIT

I, _____ as per my **member signature** below
FULL NAMES & SURNAME

Declare in English that:

I am an adult male with

ID No: _____ Force No. _____ Age _____

Further, hereby declare and confirm that:

- 1. I am Unemployed**
- 2. I don't have a Medical aid Benefits**
- 3. I don't have a criminal record: nor been convicted for Rape, Murder, Robbery, High treason and theft**
- 4. I have not been convicted for any of the above for more than 5 years without an option of a fine.**

I know and understand the contents of this declaration.

I do not have an objection in taking the prescribed oath.

I do consider the prescribed oath to be binding on my conscience.

MEMBER SIGNATURE

COMMISSIONER OF OATH

I certify that the deponent has acknowledged that he knows and understand the contents of this declaration. The statement was acknowledged to and the deponents

Signature placed thereon in my presence on _____ at _____
