

Affidavit



I (Full Names)

ID Number:

Age:

Plot No. :

Village/Town:

Ward:

Country:

Contact: (Mobile):

(Work):

(Home):

Declare under oath:

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Date:

Signature:

Time:

Place:

The statement was sworn to/affirmed before me:

At

on

day of

Commissioner's of Oaths Name Print:

Commissioner's of
Oaths Signature:

(PUT STAMP)