

FORM 6

**SWORN AFFIDAVIT BY PERSON WHO INTENDS TO TRAVEL TO AND FROM ANOTHER
PROVINCE DURING ALRRT LEVEL 3
Regulation33(4)(b)**

Note: 1. *This affidavit may only be sworn to or affirmed at a magistrate's court or police station.*

I,

Full names:			
Surname:			
Identity Number			
Address of place of residence:			
Province of Residence:			
Contact details:	Cell nr.	Tel Nr(W)	e-mail address

Hereby declare under oath that I am moving to a new place of residence that requires travel across provinces during Alert Level 3.

***OATH/AFFIRMATION**

I, _____(full names), identity number _____, hereby declare under *oath/affirmation that the

Above-mentioned information is true and correct.

Signed at _____, on this _____ day _____ 2020

Signature of deponent

CERTIFICATION

I hereby certify that before administering the *oath/taking the affirmation, I asked the deponent the following questions and noted *his/her answers in *his/her presence as indicated below:

- a) Do you know and understand the contents of the above declaration?
Answer: _____
- b) Do you have any objection to taking the *oath/affirmation?
Answer: _____
- c) Do you consider the *oath/affirmation to be binding on your conscience?
Answer: _____

I hereby certify that the deponent has acknowledged that *he/she knows and understands the content of this declaration which was *sworn to/affirmed before me, and the deponent's signature was placed thereon in my presence.

Signed at _____ on this _____ day of _____ 2020

**Justice of Peace/Commissioner of Oaths*

Full name: _____
Designation: _____
Business _____
Address: _____

