

AFFIDAVIT

I, the u	undersigne	d,									
ID Number (Full Names and Surname):											
do hereby declare under oath that:											
1.											
The following facts are true.											
2.											
I am an adult M F residing at (Physical Address):											
3.											
I confirm that I am the beneficiary as registered on the final Disaster list.											
					4.						
My details not reflected correctly are (mark with an 'x')											
4.1	ID Num	ID Number incomplete/Wrong									
4.2	Surnam	Surname incorrectly spelt									
4.3	Initials i	Initials incorrect									
4.4	Benefici	Beneficiary of Estate									

5.	
I confirm that I am the beneficiary for o	certificate No:on the
register and that I am entitled to such cor	mpensation.
6.	
I further confirm that should the KZN D	epartment of Agriculture and Rura
Development find that I was not entitled	d to such relief, I will be personally
liable to refund all the monies paid to me.	
	DEPONENT
I certify that the deponent has acknown	owledged that he/she knows and
understands the contents of this affidav	vit which was signed and sworn to
before me at	on this
day of	_ 20, after the provisions of the
regulation contained in government no	otice No. R.1258 published in the
government gazette No. 3619 dated 21 Ju	uly 1972 and government notice No
1648 dated 19 August 1977, had been du	ly complied with.
	COMMISSIONER OF OATHS
	COMMISSIONER OF OATHS
FULL NAME :	
BUSINESS ADDRESS	
CAPACITY :	

AREA