

									I certify that the deponent has acknowledged that he / she knows and understand the contents of this declaration that was sworn to and affirmed before me and that the deponent's signature / thumb print was placed in my presence.			<i>Commissioner / SAPS</i> <i>Stamp</i>
										Name of Commissioner		
Deponent's Signature / Thumb Print									Signature: Commissioner of Oaths	Rank / Force No.		
Date	C	C	Y	Y	M	M	D	D	Place			