

AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS

ADMINISTRATORS OFFICE GABORONE

Plot 54349, Ground Floor, West Wing, The Field Precinct, CBD
Premium Box 625 AAH, Gaborone
Tel: +267 316 8900
Fax: +267 316 8910

ADMINISTRATORS OFFICE FRANCISTOWN

Plot 44149 MVA Fund Building, 3rd Floor
Tel: +267 316 8902
Fax: +267 316 8910



***Please complete in block letters, tick appropriate blocks unless otherwise indicated**

I the undersigned,

Name(s) of member _____

ID No (citizens) or Passport No (Non-citizens) _____

Do hereby make oath that:

1. the content of this affidavit are within my personal knowledge, save where indicated, and the same are true and correct to the best of my knowledge and belief.

2. I am and adult of full legal capacity residing at: _____ and of postal address _____

3. I verify that the contents in this affidavit are true



DEPONENT

Thus done and sworn to and signed before me at _____ this _____ day of _____

at _____

The deponent having acknowledged that he/she knows and understand the contents of this affidavit, adheres thereto, has no objection to taking the prescribed oath which he/she considers binding on his/her conscience. the provisions of the rules of the commissioner of Oaths have been fully complied with.

Commissioner of Oaths (name)

Commissioner of Oaths (signature)

