

S.A POLICE SERVICE, SANDTON
SWORN/AFFIRMED AFFIDAVIT



FULL NAMES ELLEN ZANDILE TSHABAZA

IDENTITY/PASSPORT NUMBER: _____ COUNTRY SOUTH AFRICA

RESIDENTIAL ADDRESS: _____ BUSINESS ADDRESS: _____
STREET _____

TELL: _____ TELL: _____

DECLARE UNDER *OATH/SOLEMNL SWEAR THAT:

I, MS ELLEN ZANDILE TSHABAZA, ID, WISH TO
DECLARE THAT AROUND 2001-2002 MY HOUSE WAS BROKEN INTO
AND GOODS WERE STOLEN. THE MATTER WAS REPORTED TO THE
POLICE IN SANDTON AMONGST OTHER ITEMS WHICH WERE STOLEN
WAS MY BAG WHICH CONTAINED ALL MY ACADEMIC
RECORDS, COPIES AND ALL MY PRIVATE DOCUMENTS.
AS A RESULT I COULD NOT SUBMIT THE REQUIRED CREDENTIALS
EXCEPT FOR ONE COPY OF MY CERTIFICATE I ACQUIRED IN
2012.

SOUTH AFRICAN POLICE SERVICE
 CLIENT SERVICE CENTRE
 SANDTON
 2013-07-23
 KLIENTE DIENSSENTRUM
 SANDTON
 SUID-AFRIKAANSE POLISIEDIENS

- ✓ I KNOW AND UNDERSTAND THE CONTENT OF THIS STATEMENT.
- ✓ I HAVE NO OBJECTION TO THE TAKING OF THE PRESCRIBED OATH.
- ✓ I CONSIDER THE PRESCRIBED OATH *TO/NOT TO BE BINDING ON MY CONSCIENCE.

E. Dmasa
 DEPONENTS SIGNATURE

I CERTIFY THAT THE ABOVE DECLARATION WAS TAKEN DOWN BEFORE ME AND THAT THE DEPONENT ACKNOWLEDGES THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENT OF THE DECLARATION. THE DECLARATION WAS *SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENT SIGNATURE WAS PLACED THEREON IN MY PRESENCE.

A. O. B. W. O.
 COMMISSIONER OF OATHS SIGNATURE

FULL NAMES THABANI SAULI

BUSINESS ADDRESS: 2 SUMMIT ROAD, MORNINGSIDE, SANDTON, JOHANNESBURG.

DESIGNATION (RANK) W/O EX-OFFICIO REPUBLIC OF SOUTH AFRICA

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