

### AFFIDAVIT FROM INDIVIDUAL

I, the undersigned confirm the following under oath,

I, \_\_\_\_\_, ID number, \_\_\_\_\_, require a wheelchair for myself / mother / father / daughter / son / other (Other's Name, \_\_\_\_\_, Other's ID number, \_\_\_\_\_).

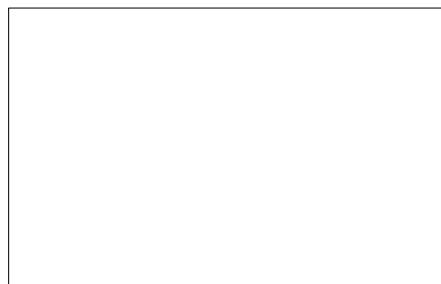
I confirm that the wheelchair is required for the ability to move around unhindered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ I know and understand the contents of this document.
- ☐ I have no objection in taking the prescribed oath.
- ☐ I consider this document to be binding on my conscience.

Thus signed and sworn to before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.



COMMISSIONER OF OATHS