



The Sweethearts Foundation  
Registered Non-profit Organization  
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### 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, \_\_\_\_\_).

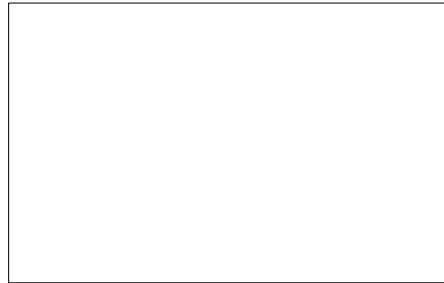
I confirm that the wheelchair is required for the ability to move around unhindered.

\_\_\_\_\_  
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\_\_\_.  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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COMMISSIONER OF OATHS