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| **AFFIDAVIT FROM INDIVIDUAL** |

I, the undersigned confirm the following under oath,

My Name and Surname

My ID Number

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

Other person’s Name and Surname

Other person’s ID Number

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

My Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Place

Thus signed and sworn to before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 2017.

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| Certified by Commissioner of Oaths |

**COMMISSIONER OF OATHS**