

AFFIDAVIT FORM INDIVIDUAL

I, the undersigned:

Full Name: _____ ID / Passport Number: _____
Physical Address: _____

Hereby make oath and state as follows:

1. I am the applicant / legal guardian / authorised representative of: (circle appropriate title)

Beneficiary Full Name: _____ Beneficiary ID / Birth Certificate Number: _____

2. I confirm that the information provided in the wheelchair application submitted to The Sweethearts Foundation is true and correct to the best of my knowledge.

3. I confirm that:

- The beneficiary requires a wheelchair due to medical and mobility needs.
- The beneficiary and/or household is unable to afford the required wheelchair without assistance.
- All supporting documentation submitted is authentic and valid.

4. I confirm that:

- If I am completing the application on behalf of the beneficiary, I have the legal authority and consent to do so.
- I understand that The Sweethearts Foundation may verify the information provided, including medical aid status, hospital applications, and financial details.

5. I acknowledge that:

- The approval of a wheelchair is subject to verification and available funding.
- The beneficiary may be required to undergo a clinical assessment by an approved professional.
- The Sweethearts Foundation reserves the right to approve or decline the application at its discretion.
- I make this declaration knowing that it is binding and that providing false information may result in the application being declined and may constitute a criminal offence.

I declare that the above statement is true and correct.

Signature

Date

COMMISSIONER OF OATHS

I certify that the Deponent has acknowledged that they know and understand the contents of this affidavit, which was signed and sworn before me at _____ on this

_____ day of _____ 20____, in accordance with the regulations governing the administration of an oath or affirmation.

COMMISSION OF OATHS: