

SWORN AFFIDAVIT - COMPANY TRADING ADDRESS

To Whom it may concern

I, _____, ID Nr _____, hereby confirm that my company, _____, Reg Nr _____, operates from my address _____.

- I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience.
- The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature

Commissioner of Oaths
Signature & Stamp
