

(Hame & Surname) Steves Arciticu	
ID No. 39901305082084 Contact nu	mber 014 633 8048
Residing at: 1 Sifes Avenue, Bosmow	T JITS
Employed at: LEGGNOS BARBERSHOP	
DECLARES UNDER OATH / AFFIRMS AS FOLLOWS (delete that whi	ich is not applicable):
I AM WRITING TO O	FOR MACINA COSTIL
CHANGES TO A RIVER - CORD	> DOAD BOKEA, DOWN
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REULOUS UNKERS. NOT TO JUST	IFY MY ACTORATION
NOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT.  AVE NO OBJECTION / I OBJECT TO TAKING THE PRESCRIBED OA  ONSIDER / DO NOT THE PRESCRIBED OATH TO BE BINDING ON Relet that which is not applicable)	Y CONSCIENCE.
	ON: 5 03 24 AT: 15:35
ertify that the above mentioned statement was taken down by me and that the depor	(Date) (Time
iderstands the contents thereof. The statement was sworn to / affirmed before me at	nd the deponent's signature was placed thereon
my presence. (Delete that which is not applicable)    Dug asale	. 15.35
	BOUTH AFRICAN POLICE SERVICE
Signature Commissioner of Oaths	CLIENT SERVICE CENTRE
Full first names and surname in block letter	0001 02- 05
Donglandale SAPI.	2014 03 00
Business address(street address)	DOUGLASDAGE  DOUGLASDAGE  DOUGLASDAGE  DOUGLASDAGE  DOUGLASDAGE
SA Police Service	SOUTH AFRICAN POLICE SERVICE
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ALE AND SURNAME OF SAPS EMPLOYEE TAKING STATEMENT	RANK: J9
STATION: STATION:	OB NO: 208/03/2024
	s per Provincial Instruction 1/2023. No other
orma statement is valid. This statement by the deponent. Possession of a blank state	ment, making a false statement, or misuse of a
inder no circumstances de completes a sed statement may constitute a criminal offence.	or marge of S



Man India	
1111	
ID No. 8901 JOSO 82084 Contact number 074 633 804 8  Residing at: 1 SUPPLIES A CONTACT Number 014 633 804 8	_
10 No. 8901 J08082084 Contact number 074 633 8040	_
Residing at: 1 SIPRES Avane, BOSMOWN, JHB	
Employed at: KEGGWOS BARBER	
DECLARES UNDER OATH / AFFIRMS AS FOLLOWS (delete that which is not applicable):	
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0600	4
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OTHER PROPERTY JUNGES, I UNDERSTAND NOS MIST	9710
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THE WALL TO SEE THE KIND OF TH	
- AM SEETING DO	
LIKE TO REQUEST THE OPPARTUNITY TO RECTIFY THE SITUAL	710
I AM WIYING TO MAKE ANY NECESSARY CHANCES TO	_
SMPLY WITH REGULATIONS SET FORTH BY THE KWAZULU	_
197AL AMAFA AND RESCARCH INSTUTE	_
I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT.  I HAVE NO OBJECTION / I OBJECT TO TAKING THE PRESCRIBED OATH.  I CONSIDER / DO NOT THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.  (Delete that which is not applicable)	
SIGNATURE OF DEPONENT: SIGNED AT: ON: 5 8 24 AT: (Time	
I certify that the above mentioned statement was taken down by read that the deponent has seknowledged that he/she knows and	7
understands the comments thereor. The statement was sworn to / affirmed before me and the deponent's signature was praced in in myspessence. (Delete that which is not enoticethe)	
ALDUGGSCHL ON 2019-03-05 AL JOE J.	
TO JOE SERVIO	
Signature Commissioner of Oaths	
Full first names and surname in block letters	
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Business address(street address)  DOUGLASDALE  DOUGLASDALE  DOUGLASDALE  DOUGLASDALE	
Business address(street address)  DOUGLASOANE  Business address(street address)  DOUGLASOANE  SOUTH AFRICAN POLICE SERVICE  Rank	
NITIALS AND SURNAME OF SAPS EMPLOYEE TAKING STATEMENT:	
TILLIFOR STATIONS DUG CONTROL CORPOR DOCK	
(Note that if the above details are not completed or are illegible, this affidavit is invalid)	
This proforms statement is intended for use in Gatting. No other this proforms statement is valid. This statement must be completed by a SAPS employee who is an ex officio commissioner of oaths and may under no circumstances be completed by the deponent. Possession of a blank statement, making a false statement, or misuse of a may under no circumstances be completed by the deponent.	
nay under no circumstances be completed by the deposition of a legislation of the statement, or misuse of a legislation may constitute a criminal offence.	



SUID AFRIKAANSE POLISIEDIENS

1 (Name & Surname) Stown Trocker
1. 653 8048
ID No. 5901508682084 Contact number 5
ID No. 5901508082084 Contact number 074 6538048  Residing at: 1 SIPRES AUGUM, BORMONT, THR
Employed at: LEGGLYDS RARBER
DECLARES LINES CONTROL OF THE PROPERTY OF THE
T 11. 10 T 10. 10 T 1
THE KILLDING AND NIVE TO WORK
ACCOUNTING STORY
I LOOK FOWARD TO DISCUSSINE THIS MATTER FURTHER
AND FINDING A RESOLUTION THAT SATISFIES ALL
AND FINDING A RESOLUTION THAT OF
PARTIES INVOLUGE.
KNOW AND DIDERGIAND THE CONTENTS OF THIS STATEMENT.
I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. I HAVE NO OBJECTION / I OBJECT TO TAKING THE PRESCRIBED OATH. I CONSIDER / DO NOT THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE. (Delete that which is not applicable) SIGNATURE OF DEPONENT: SIGNED AT: (Place)  I certify that the above mentioned statement was taken down by me and that the deponent has acknowledged that he/she knows and understands the contents thereof. The statement was sworn to / affirmed before me and the deponent's signature was placed thereor in my presence. (Delete that which is not applicable)  At
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HAVE NO OBJECTION / I OBJECT TO TAKING THE PRESCRIBED OATH.  I CONSIDER / DO NOT THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.  Delete that which is not applicable)  SIGNATURE OF DEPONENT:  SIGNED AT:  (Place)  ON:  (Date)  (Date)  (Time)  I certify that the above mentioned statement was taken down by me and that the deponent has acknowledged that he/she knows and understands the contents thereof. The statement was sworn to / affirmed before me and the deponent's signature was placed thereof in my presence. (Delete that which is not applicable)  At ON ALL SOUTH AFRICAN POLICE SERVICE  Full first names and surname in block letters  Pull first names and surname in block letters  SA Police Service  SA Police Service  SOUTH AFRICAN POLICE SERVICE  SOUTH AFRICAN POLICE SERVICE  SOUTH AFRICAN POLICE SERVICE  SOUTH AFRICAN POLICE SERVICE  RANK:  TIALS AND SURNAME OF SAPS EMPLOYEE TAKING STATEMENT:  RANK:  RANK:  RANK:  RANK:  RANK:  RANK:  RANK:  RANK:
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PERS (Note This p pro forms statement is interided for use in the deposit of the statement must be completed by a SAPS employee who is an ex officio commissioner of oaths and pro forms statement is valid. This statement must be completed by the deposit of a blank statement, making a false statement, or misuse of a may under no circumstances be completed by the deposit of a blank statement, making a false statement, or misuse of a deposed statement may constitute a criminal offence.