



AFFIDAVIT

Full names: MSESI Gatrada Simelane

Residential Address: 430 Ferni B

Postal Address:

Place of Employment and Occupation:

Work Address:

Race: African GENDER: Female Age: 70

ID. No: 4811100437082

Home Tel /Cell phone no: 08250 79169

STATE IN ENGLISH UNDER OATH:

AS PER ATTACHED DOCUMENT.

mse51

(SIGNATURE OF DEPONENT)

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. THIS STATEMENT WAS SWORN TO/AFFIRMED BEFORE ME AND DEPONENT'S SIGNATURE/MARK/THUMBPRINT WAS PLACED IN MY PRESENCE THERON

SIGNED AT: LOTHAIR SAPS

DATE: 2018.09.19

TIME: 12:10

[Signature]

Belisile Madonsele,

FULL FIRST NAMES AND SURNAME IN BLOCK LETTERS

COMMISSIONER OF OATHS/S A POLICE SERVICE LOTHAIR

BUSINESS ADDRESS: LOTHAIR MAIN STREET

DESIGNATION: Constable.



