



AFFIDAVIT

CONFIRMATION OF PHYSICAL ADDRESS, POSTAL ADDRESS & SOURCE OF FUNDS

REQUIRED FROM ANY APPLICANT / ACCOUNT HOLDER WHO IS UNABLE TO PROVIDE A PROOF OF ADDRESS AND / OR A PROOF OF SOURCE OF FUNDS

I, the undersigned _____

of ID # _____ solemnly swear and declare that;

I am fully and habitually resident at;

- Plot # _____ in _____ (ward) in _____ (village/town/City)
- My postal address is (P.O. Box/P. Bag) _____ and contact details are (Fixed/Mobile) _____.
- I derive my primary income from _____ (specify type) and further from _____ (other alternatives)

The information declared herein is true, to the best of my knowledge and that I am aware of the consequences of giving false information under oath.

Deponent

THUS SIGNED AND SWORN TO BEFORE ME AT _____ ON THIS _____ DAY OF _____ 2024, AT _____ A.M/P.M, THE DEPONENT HAVING ACKNOWLEDGED THAT HE OR SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT AND THAT HE OR SHE HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH AND THAT SAME IS BINDING ON HIS OR HER CONSCIENCE.

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COMMISSIONER OF OATHS

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RANK