

## SWORN AFFIDAVIT

I  of ID no   
and address (residential and postal)  do hereby solemnly  
declare that  of ID no   
and address (residential and postal)   
is my biological mother/father/mother in law/father in law. I accept full responsibility for notifying the Scheme in  
writing if there are any changes pertaining to this relationship.

I declare that I am responsible for his/her essential needs such as food, clothing and health. I agree to provide any  
supporting documentation as may be required from time to time in support of this affidavit.

I recognize that this affidavit is a legally binding document. I understand that it would be unlawful to knowingly  
make or cause to be made any false material statement or material representation, omit to disclose a material fact  
or to otherwise provide false information with the intent to use it or allow it to be used to obtain, receive or continue  
to receive, increase or deny or reduce any benefit offered by the Scheme.

I understand the contents of this declaration and have no objection to taking the prescribed oath.

I declare that all the information given above is true, correct, and binding on my conscience.

\_\_\_\_\_  
Deponent

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2019 at \_\_\_\_\_ (place), \_\_\_\_\_ (time).

\_\_\_\_\_  
Commissioner of Oaths (name)

\_\_\_\_\_  
Commissioner of Oaths (signature)

Stamp