



**AFFIDAVIT MADE IN TERMS OF SECTION 23 OF THE HEALTH PROFESSIONS ACT, 1974
(ACT NO. 56 OF 1974) FOR REQUESTING A CERTIFICATE OF STATUS**

I, Prof; Dr; Mr; Mrs/Ms....., with ID number:

..... and HPCSA registration number

..... do hereby declare that:

1. I am registered with the Health Professions Council of South Africa as a (state the profession and the category)

.....;

2. I hereby confirm that there is no criminal or unprofessional conduct proceeding pending against me in any country at present.

DEPONENT

SIGNED AND SWORN TO BEFORE ME AT ON THISDAY

OF 20.....

The Deponent has acknowledged that:
he / she knows and understand the contents of this affidavit;
he / she has no objection to taking the prescribed oath; and
he / she considers the oath to be binding on his / her conscience.

COMMISSIONER OF OATHS SIGNATURE

COMMISSIONER OF OATHS STAMP

Name: _____

Designation _____

Address: _____

