



SWORN AFFIDAVIT

I,ID number and Registration
Number/.....

Declare under oath that I am not involved in acts specified in the regulations defining the scope of my profession registered under the Act.

I know and understand the contents of this statement and I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

PRACTITIONER'S SIGNATURE

I certify that the above statement was taken by me and that the practitioner has acknowledged that he/she knows and understand the contents of his/her statement and affirmed before me and the practitioner's signature was **done** in my presence.

at on (date) at (time)

SIGNATURE OF COMMISSIONER OF OATHS

STAMP OF COMMISSIONER OF OATHS

NAME AND SURNAME