

**SWORN AFFIDAVIT**

**APPLICATION FOR VOLUNTARY REMOVAL IN TERMS OF SECTION 19 (1)(C) OF THE HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974 AS AMENDED).**

I, (Prof, Dr, Mr, Mrs, Ms).....

**Surname:** .....

**Maiden name:** .....

**Full names:** .....

**Registration number:**.....

**(eg. MP, BAA, PT followed by 7 digit number)**

Request that my name be voluntarily removed from the register with effect from 31 March 20, as I will no longer be practicing my profession in the Republic of South Africa as I have

declare hereby under oath that **no unprofessional conduct proceedings are pending against me, or criminal proceedings are being or are likely to be taken against me.**

***I am not involved*** in acts specified in the regulations defining the scope of my profession registered in terms of section 17 under the Act (Act No. 56 of 1974 as amended).

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.

\_\_\_\_\_  
SIGNATURE OF DEPONENT (APPLICANT)

This section must be completed by the Commissioner of Oaths

I certify that on (date) ..... at ....., in my presence, the deponent signed this affidavit and acknowledged that he/she –

- a) knows and understands the contents of the declaration;
- b) does not have any objection to taking the oath;
- c) considers the oath to be binding on his/her conscience; and that he/she uttered the words “I swear that the contents of this declaration is true, so help me God”.

\_\_\_\_\_  
SIGNATURE OF COMMISSIONER OF OATHS

\_\_\_\_\_  
FULL NAMES OF COMMISSIONER OF OATHS

(Please print)

**STAMP OF COMMISSIONER OF OATHS**

