

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