

**AFFIDAVIT  
SAPS  
SOUTH AFRICA**

I.....

ID-Number..... Age .....

Residing address .....

Working address .....

Tel .....(w) .....(h) .....(cell)

Declare under oath in English / confirm in English –

**That I the above mentioned authorize a member of Visas Zone to submit and collect my application for Morocco on my behalf.**

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place: ..... Date: .....

Time: .....

Signature: .....

I certify that the above statement was taken from me and that the deponent has acknowledge that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponent's signature/mark/thumb print was placed thereon in my presence.

At: .....on .....at .....

.....  
Commissioner of Oaths SAPS  
(Details to be provided on physical and postal address e.g. stamp of police station)

.....  
Force number/Rank/Name - print