



AFFIDAVIT FORM

Number of Persons normally accommodated at: Old Age Home

I, the undersigned (full name),

Identification number

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do hereby make oath and state as follows:

1. The facts contained in this affidavit are within my personal knowledge and to the best of my true belief, unless indicated otherwise, true and correct.

2. I am an adult Male ☐ Female ☐ residing at: (Full address).....

.....
.....
.....

Work no:

Cell no:

Fax no:

3. I am the owner/duly authorized representative of the Old age home, known as:

.....
(Insert name, description of property and attach documents confirming status as a registered Home.)

situated at (Insert full address):.....

.....

Postal code:

(Insert account No & attach copy of a/c to this affidavit).

Account Number.....

4. I confirm that there are (Insert no of persons in words and figures) normally accommodated at the above property of which qualifies for the monthly component of 0.75kl per person free water and 0.525kl per person free sewerage in terms of the City of Cape Town's free basic water and free basic sewerage allocation as contained in the tariff policy.

5. I confirm that the financial benefit of the 0.75kl free water and 0.525kl per person free sewerage will be passed on to each person normally accommodated at the above property.

6. I understand that any benefit accruing from this affidavit will only be effective from the date of the first account period following the date of presentation of this affidavit to the correct office of the Council or date as specified.

SIGNATURE OF DEPONENT_____

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at.....on this the.....day of20....., the regulations contained in Government Notice No.R1258 of 21 July, 1972 and R1648 of 19 August 1977 having been complied with.

SIGNATURE OF COMMISSIONER OF OATHS_____

FULL NAMES.....

CAPACITY

ADDRESS.....

AREA.....