



### AFFIDAVIT FORM

**Number of Persons normally accommodated at:**

- Homeless people shelters
- Homes catering for the health of physically or mentally challenged individuals

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: (Insert full address below).....

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.....

.....

Postal code:

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Work Phone No

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Cellphone No

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Fax No

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3. I am the                      Owner ☐ Duly authorized representative ☐ of the: (Select an option below)

Old age home ☐ Homeless people shelters ☐ Home catering for the health of physically or mentally challenged individuals ☐

Name of property: .....

Description of property: .....

Situated at: (full address).....

.....

.....

.....

Postal code:

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*Insert account No below & 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.

7. Homeless people shelters / Home catering for the health of physically or mentally challenged individuals **must be registered with Council's Homeless Agency Committee (Homac).**

**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 of .....20....., 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.....