****

**AFFIDAVIT TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | ID number, |  |
| do hereby declare that: |
| *brief summary setting out that the applicant actively practiced during the cancellation/deregistration period here…* |

Under penalty of Professional Code of Conduct violation, I hereby declare that the above stated facts, to the best of my knowledge, are true and correct. I am executing the affidavit fully aware that I will be subject to criminal, civil and/or administrative liabilities for any fraud or misrepresentation on my application for re-registration with the SACPCMP.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dated this |  | day of |  | 20 |  |

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Commissioner of Oaths:** |  |  | **Commissioner of Oath/South African Police Service Station Stamp:** |
| **Force No./Rank:** |  |  |
| **Physical/Postal Address:** |  |  |
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