

"FORM 6
SWORN AFFIDAVIT BY PERSON WHO INTENDS TO TRAVEL TO AND FROM
ANOTHER PROVINCE DURING ADJUSTED ALERT LEVEL 4

Note: *This affidavit may only be sworn to or affirmed at a magistrate's court or police station.*

I,

Full names:					
Surname:					
Identity number					
Address of place of residence:					
Province of residence:					
Contact details:	Cell nr		Tel No (h)		e-mail address

(Please indicate with an "X")

Hereby declare under oath that I am—

- moving to a new place of residence
- caring for an immediate family member;
- obtaining medical treatment;
- returning to their place of residence from a quarantine or isolation facility; and
- transiting through Gauteng.

that requires travel across Provinces during Adjusted Alert Level 4.

***OATH/AFFIRMATION**

I, _____ (full names), identity number _____, hereby declare under *oath/affirmation that the above-mentioned information is true and correct.

Signed at _____ on this _____ day of _____ 20____.

Signature of deponent

CERTIFICATION

I hereby certify that before administering the *oath/taking the affirmation, I asked the deponent the following questions and noted *his/her answers in *his/her presence as indicated below:

- (a) Do you know and understand the contents of the above declaration?
Answer: _____
- (b) Do you have any objection to taking the *oath/affirmation?
Answer: _____
- (c) Do you consider the *oath/affirmation to be binding on your conscience?
Answer: _____

I hereby certify that the deponent has acknowledged that *he/she knows and understands the content of this declaration which was *sworn to/affirmed before me, and the deponent's signature was placed thereon in my presence.

Signed at _____ on this _____ day of _____ 20_____.

Justice of the Peace/Commissioner of Oaths.

Commencement

9. These Regulations will come into operation on the date of publication in the *Gazette*.