

## AFFIDAVIT

I, the undersigned, \_\_\_\_\_, do hereby make oath and say:

1.

I am the applicant in this matter, having applied for appointment as a mentor of \_\_\_\_\_ a child as defined in the Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007 (the Sexual Offence Act), and the Children's Act 38 of 2005.

2.

- 2.1 I have not been convicted of any sexual offence against a child or a person who is mentally disabled.
- 2.2 There is no allegation against me of having committed a sexual offence against a child or a mentally disabled person.
- 2.3 I have not been dealt with in terms of Section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.

3.

My name does not appear in the National Register for Sex Offenders, established in terms of the Sexual Offences Act

4.

To the best of my knowledge and belief, none of the current occupants of my residence:

- 4.1 has been convicted of any sexual offence against a child or a mentally disabled person.
- 4.2 has been alleged to have committed a sexual offence against a child or a mentally disabled person.
- 4.3 Has been dealt within terms of Section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.
- 4.4 has his/her name recorded in the National Register for Sex Offenders.

5.

I have been made aware of the provisions of Section 48(2) and (3) of the Sexual Offences Act. Should there be a change in my status as mentioned in paragraphs 2 and 3 or that of the people mentioned in paragraph 4 hereof, I undertake to immediately draw this to the attention of the court.

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DEPONENT

I 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? \_\_\_\_\_
- (b) Do you have any objection to taking the prescribed oath? \_\_\_\_\_
- (c) Do you consider the prescribed to be binding on your conscience? \_\_\_\_\_

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

\* Delete which is not applicable.

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace/Commissioner of Oaths

Full names and surname \_\_\_\_\_

Designation \_\_\_\_\_

Area for which appointed \_\_\_\_\_

Physical Address \_\_\_\_\_