

Affidavit

(FULL NAMES) _____

herewith states under oath that:

1.

I am a male/female of age residing at

with ID number _____

and contact number _____

2.

The whole of the facts herein is within my own personal knowledge, unless from the context it appears to be different.

3.

The contents of this affidavit is to the best of my knowledge and belief true and correct.

4.

I am the owner/lawful resident of the land with full property description

5.

On _____ at approximately ____ h ____ people unknown to me started moving onto the property known as

6.

The people started removing plant material and commenced with the erection of structures on my property.

7.

This action is unlawful. These people do not have any legal reason to occupy the land or to erect structures on the land.

8.

There are approximately _____ (number) persons. The number increases daily.

9.

These unlawful occupants cause big problems for me and also create a safety risk. It is important that drastic action is taken by the South African Police Service.

10.

I request herewith that a complaint of unlawful occupation as stated in Section1(1) of Law 6 of 1959 be lodged and that the matter is further investigated.

11.

I also request that the police ensure that the criminal activity is terminated. Currently, the crime is committed continuously because the people continue to live on my property without any lawful reason to do so.

12.

I confirm that I have not given any of these people permission to access the property and I shall not grant such permission.

DATED AT _____ ON THE _____ DAY OF _____ 20_____.

DEPOSITOR

SUBSCRIBED, SWORN TO AND SIGNED AT _____ ON THE _____ DAY OF _____ 20_____ BY THE DEPOSITOR,

WHO DEPOSES AND SAYS THAT HE/SHE HAS READ THE FOREGOING AFFIDAVIT SUBSCRIBED BY HIM/HER, AND THAT THE

MATTERS STATED HERIN ARE TRUE TO THE BEST OF HIS/HER INFORMATION, KNOWLEDGE AND BELIEF. HE/SHE REGARDS

IT AS BINDING TO HIS/HER CONSCIENCE AFTER COMPLIANCE WITH THE PROVISIONS OF THE GOVERNMENT NOTICE R1258,

BEFORE ME:

COMMISSIONER OF OATH

NAME: _____ CAPACITY: _____ ADDRESS: _____
