

Our Ref : _____

AFFIDAVIT FORM

I, the undersigned _____

Of _____

do hereby make oath and say -:

I am the registered owner of the Motor Vehicle with the following particulars :

MAKE : _____
MODEL : _____
YEAR OF MANUFACTURE : _____
REGISTRATION NUMBER : _____

I hold no Insurance Policy covering me on the said motor vehicle in respect of accident damage.

I certify the above to be true and correct to the best of my knowledge and fully understand the contents of this Affidavit.

Signed : _____ Date: _____

Thus sworn and signed before me on this _____ day of _____ 2000 by the Deponent who acknowledges that he/she knows and understands the content of this Affidavit.

COMMISSIONER OF OATHS/ATTORNEY