

MINISTRY OF HOME AFFAIRS DEPARTMENT OF NATIONAL REGISTRATION, PASSPORT AND CITEZENSHIP

PARTI

AFFIDAVIT / AFFIRMATION

			:	
I, (Deponent's full name)	contract to the second second second second second			
of (address)				
Aged, and holde	er of National Reg	istration Card 1	No	
hereby make Outh/Affirmation a	end say that	I personally	know (applica	nt's full name)
Mr/Mrs/Mss/Dr/Prof	***************************************			
He/She is my (Relationship)				
He/She was born on	and the second second second second second			
Chief/Town				
		District		,
Country				40
	SCHOOLS AT	LIENDED		
			D.	ATES
SCHOOL		- From	To	
Primary:				
Secondary:				
Post Secondary:				1
I further declare that to the be				
holder of N.R.C. No.		. Date of Issue.		
Place of Issue*Born in/at Village/Town:		***************************************		
Tilbe,		. Chief.		
District				
his/her mother being named: (full nam	ne)			
holder of N.R.C. No.				
		*Born in/at Village/Town:		
Trine				
District				
*Dalsto whichever is not applicable.		THE PARTY OF THE P	13	*

Swom/affirmed before me at	
this	day of
H .	Magistrate/Commissioner for Oaths
	PART II
CONFIRMATIO	N OF PLACE OF BIRTH
(To be completed by the Council Secretary/Town Cle	rk of the District in which the applicant/father/mother was born)
	i investigations carried out. I confirm that (full name of
	and his/her/ father/mother,
Mr/Mrs/Miss/Dr/Prof: (full names)	
were born at the places stated above.	
	Signed
DATE STANP	Dist. Council Sec. /Town Clerk