Form 43

AFFIDAVIT OF [NAME] [DATE]

COURT or COMMISSION DETAILS	
Court or Commission	
Case number	
TITLE OF PROCEEDINGS	
Appellant/Applicant/Notifier/Prosecutor	**[name]**
Respondent/Defendant	**[name]**
FILING DETAILS	
Filed for	**Appellant/Applicant/Notifier/Prosecutor or Respondent/Defendant [choose one]**
#Representative	[Name of representative] [industrial organisation or firm]
Contact address	[address]
Contact name and number	[name] [telephone]
Contact email	[email address]

[on separate page]

AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

#I am [role of deponent].

[state information to be included in the affidavit in numbered paragraphs].

Generative artificial intelligence was not used to generate:

i. this affidavit.

ii. any annexure/exhibit to this affidavit.

iii. [where applicable] other than annexure/exhibit marked [insert] in accordance with leave granted by [name of decision maker] and [date].

#SWORN #AFFIRMED at

Signature of deponent _____

Name of witness

Address of witness

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

1 #I saw the face of the deponent. [OR, delete whichever option is inapplicable]

#I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.

2 #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]

#I have confirmed the deponent's identity using the following identification document:

_____

Identification document relied on (may be original or certified copy)

Signature of witness _____

Note: The deponent and witness must sign each page of the affidavit.