



# SWORN AFFIDAVIT

I, .....ID number and Registration  
Number ...../.....

Declare under oath that I am not involved in acts specified in the regulations defining the scope of my profession registered under the Act.

I know and understand the contents of this statement and I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

\_\_\_\_\_  
PRACTITIONER'S SIGNATURE

I certify that the above statement was taken by me and that the practitioner has acknowledged that he/she knows and understand the contents of his/her statement and affirmed before me and the practitioner's signature was **done** in my presence.

at ..... on ..... (date) at ..... (time)

\_\_\_\_\_  
SIGNATURE OF COMMISSIONER OF OATHS

STAMP OF COMMISSIONER OF OATHS

\_\_\_\_\_  
NAME AND SURNAME