

National Fund for Municipal Workers Affidavit by Life Partner

| I, the undersigned F u I I N a m e s a n d S u r n a m e |
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| With Identity number (attach copy of ID |
| document), do hereby state under oath/solemnly declare that: |
| 1. I have perused the Application for Registration of Life Partner form signed and sworn to/affirmed by |
| my life partner |
| (who is a member of the NFMW), on and confirm that the contents |
| thereof are accurate; and |
| 2. I regard him/her as my spouse. |
| |
| Signature: Deponent (Life Partner) |
| I certify that on D D M M Y Y Y Y at P I a c e |
| (1) The deponent acknowledged that he/she knew and understood the contents of the above declaration; (2) Mark which is applicable: I duly administered the oath as prescribed by law; The deponent objected to taking the oath and did not consider it to be binding on his/her conscience. I accordingly duly administered the affidavit as prescribed by law; and (3) Thereafter the deponent signed the affidavit in my presence. |
| Commissioner of Oaths |
| FOR OFFICE USE |
| Mark which is applicable: |
| Registration approved on condition that the material information in the affidavit is accurate and remains so. Not approved, reason being |
| |
| |
| Signature: NFMW Official Date |