



## National Fund for Municipal workers Confirmation of Residential Address by Co-Habitant / Home Owner

I, the undersigned	Full Names and Surname
with Identity Numb	per
residing at	PHYSICAL ADDRESS
[ ATTACH PROOF ]	
do hereby state un	der oath / solemnly declare that:
	MEMBER Full Names and Surname
with Identity Num	ber
resides at	P H Y S I C A L A D D R E S S
I further state/dec	clare that the reason for co-habitation is: ationship
Signature: Declarant Date	
I certify that on	D M M Y Y Y Y at P l a c e
(2) Mark which  I d  Th	nt acknowledged that he/she knew and understood the contents of the above declaration; is applicable: uly administered the oath as prescribed by law; e deponent objected to taking the oath and did not consider it to be binding on his/her conscience. I accordingly duly ministered the affidavit as prescribed by law; and he deponent signed the affidavit in my presence.
	Commissioner of Oaths
I (above stated me	ember of the NFMW) hereby confirm that I am residing at the preceding address.
Cignoture: May-b	
Signature: Member	
5.0.5	National Fund for Municipal Workers CONTACT DETAILS