



ANAPOLISA QWANTSI AFRICA

PROOF OF ADDRESS

(name & surname) : Oxayo Litholi
 Address : No. 11 Mafuna street Extension 4
 Identity number : 0901310219057
 Employed as : _____
 At : _____
 Declares under oath/affirm (scratch one)
 I am staying at : Mfuleni
 Since : 2021 Till: 2024
 I am staying with (if applicable) : parent

I know and understand the contents of this statement
 I have no/ have objection in taking the prescribed oath
 I consider / do not consider the prescribed oath to be binding on my conscience

MFULENI

DATE : 06-01-2024
 Time : 11:25 am

[Signature]
 Signature

I certify that the above statement was taken by me and that the above deponent acknowledge that he/she understands the content thereof and that the statement was sworn/affirmed before me and that the deponent's signature was placed thereon in my presence at MFULENI SAPS on (date) 06/01/24 (time) 11:25

[Signature]
 FULL SIGNATURE
 COMMISSIONER OF OATH
[Signature]
 FULL NAME AND SURNAME

ADDRESS: MFULENI SAPS
 EERSTERV WAY
 BLUE DOWNS
 7100
 RANK: [Signature]

SUID-AFRIKAANSE POLISIE DIENS
 SAPS MFULENI
 06 JAN 2025
 SOUTH AFRICAN POLICE SERVICE