PRO FORMA STATEMENT PAGE 1 OF 1

DORCUS MOGATIANE CHABACALA FULL NAMES AND SURNAME: WITH ID NUMBER OF DATE OF BIRTH 8107160258088 AGE 43 CONTACT NO. 076 860 3440 RESIDING AT: 19036 IRON STREET, BRAAMFISHERVILLE, 1724 EMPLOYED ASA/AN UNEMPLOYED AS DECLARES UNDER OATH / AFFIRMS AS FOLLOWS (Delete that which is not applicable) 'M SINCLE PARENT OF 3KIDS ASKINC FOR FINANCIAL ASSISTANT FOR M-1 DAUCHTER. KAMDUELD CHABALALA ID NUMBER 0706130845086 00010-009-07 I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT I HAVE NO OBJECTION / LOBJECT TO TAKING THE PRESCRIBED OATH I CONSIDER / DO NOT CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSIENCE (Delete that which is not applicable) SIGNED AT Delosonalle MD 24-09-25 SIGNATURE OF DEPONE (Time) I certify that the above statement was taken by me and that the deponent has acknowledged that he / she knows and understand the contents of this statement. This statement was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence (delete that which is not applicable.) Q. 25 (Signature) Commissioner of Oa KIP Full First names and Surname in Blo CIETIOS motocaledist.

Business address (Street Address)

Rank