SWORN AFFIDAVIT BY PERSON WHO WISHES TO COLLECT A MINOR CHILD(REN) IN ANOTHER METROPOLITAN AREA, DISTRICT OR PROVINCE Regulation 11B(9)(a)(i)

- Note: 1. A person giving false information on this affidavit shall be guilty of an offence and, on conviction, liable to a fine or to imprisonment for a period not exceeding six months or to both such fine and imprisonment.
 - 2. This affidavit may only be sworn to or affirmed at a magistrate's court or police station.

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Full names:						
Surname:						
Identity number						
Address of place of						
residence:						
Province of residence:						
Contact details:	Cell nr		Tel No (Home)		E-mail address	
Metropolitan area/district						
travelling to:						
Province travelling to:						
Date of travel:						
Anticipated duration of travel:						
Hereby declare under oat	h with re	egards to the mind	or child(ren)	:		
1. Name of minor child						
Surname of minor child						
2. Name of minor child						
Surname of minor child						
3. Name of minor child						
Surname of minor child						
Relationship/Affiliation of						
the applicant to the minor child(ren):						
Name of current care giver of minor child(ren):						
Surname of current care giver of minor child(ren):						
Relationship/Affiliation of						
the current care giver to the						
minor child(ren):						
Province in which minor						
child(ren) currently is/are:						

City/town/village of current temporary residence of minor child(ren):	
Current residential address of the minor child(ren):	
Particulars of motor vehicle travelling in:	Make:
	Registration number:
Exceptional circumstances to be provided what necessitates the travelling	
between Metropolitan areas/Districts/Provinces:	
Self-risk-assessment:	
1.	Do you have any of the following symptoms?
	[] Cough [] Sore Throat [] Fever/Chills
2.	[] Shortness-of-Breath In the past 14 days have you been in contact with anyone who tested positive for
	COVID-19 and/or is awaiting a test result?
	[] Yes [] No
3.	In the past 14 days have you worked in and/or have you attended a healthcare facility treating patients with COVID-19?
	[] Yes [] No
*Copy of Parenting Plan made an order of court in terms of sections 33 & 34 of	[] Yes [] No
the Children's Act, Act 38 of 2005 hereby attached:	
*Copy of Parenting Plan registered at the Office of	[] Yes
the Family Advocate hereby attached:	[] No
Certified copies of the child(ren)'s birth certificates	[] Yes [] No
hereby attached: Certified copy of the applicant's ID hereby	[] Yes
attached:	[] No

*OATH/AFFIRMATION

I	(full names), identity number
	declare under *oath/affirmation that the above-mentioned information is true and correct.
Signed	at
	ure of person making affidavit
CERTIF	ICATION
	by certify that before administering the *oath/taking the affirmation, I asked the deponent the ng questions and noted *his/her answers in *his/her presence as indicated below:
a)	Do you know and understand the contents of the above declaration?
	Answer:
b)	Do you have any objection to taking the *oath/affirmation?
	Answer:
c)	Do you consider the *oath/affirmation to be binding on your conscience?
	Answer:
this de	by certify that the deponent has acknowledged that *he/she knows and understands the content of eclaration which was *sworn to/affirmed before me, and the deponent's signature was placed in in my presence.
Signed	at on this day of
*Justic	e of the Peace/Commissioner of Oaths
Full na	mes:
Design	
Busine	ss address: