

SWORN AFFIDAVIT

1.

I, the undersigned,

| | |
|---------------------------------|--|
| Name and Surname: | |
| Identity number: | |
| Physical/Postal Address: | |
| Contact details: | |
| Email address: | |

2.

Hereby declare under oath as follows:

2.1. The contents of this statement are to the best of my knowledge a true reflection of the facts.

2.2. The person(s) and/or entity that I am lodging a complaint against is:

| | |
|---|--|
| Name and Surname of the Auditor: | |
| Name of the audit firm: | |
| IRBA Registration number of person/entity: * | |
| Physical/Postal Address: | |
| Contact details: | |
| Email address: | |

Details available on website, www.irba.co.za/find-an-ra

2.3. Pending adjudication/litigation on the cause of this complaint against the said auditor: *(Reflect an (x) on the relevant option) **

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, please provide details.

3.

I am familiar with and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Signature: _____

Deponent

I, certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, that he/she does not have any objection to taking the oath, and that he/she considers it to be binding on his conscience, and which was sworn to and signed before me at _____ on this the _____ day of _____ 2021, and that the administering oath complied with the regulations contained in Government Gazette No. R 1258 of 21 July 1972, as amended.

Commissioner of Oaths

*(Commissioner of Oaths stamp to be affixed) **

