

## SWORN AFFIDAVIT

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1.

I, the undersigned,

<b>Name and Surname:</b>	
<b>Physical/Postal Address:</b>	
<b>Contact details:</b>	
<b>Email address:</b>	

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:

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

Details available on website, [www.irba.co.za/find-an-ra](http://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
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If yes, please provide details.



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 \_\_\_\_\_ 20\_\_\_\_, 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) \**

