## **SWORN AFFIDAVIT**

	1.
I, the undersigned,	
Name and Surname:	
Physical/Postal Address:	
Contact details:	
Email address:	
	2.
Hereby declare under oath as fol	lows:
reflection of the facts.	nent are to the best of my knowledge a true y 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/litigat	ion on the cause of this complaint against the said
auditor: (Reflect an (x) on the I	relevant option) *
Yes No	
If yes, please provide detai	le .
ii yes, piease piovide detai	io.

	plained against as part of the investigation process.				
2.5	I believe that the concerned auditor is guilty of improper conduct as a result of the following specific act(s) and/or failure(s) to act and attach relevant annexures in this regard:				

2.4. I have no objection to my affidavit being forwarded to the concerned auditor

conscience.	
Signature:	
D	eponent
I, certify that the deponent has acknowledged that he/she knows and understaction contents of this affidavit, that he/she does not have any objection to taking the and that he/she considers it to be binding on his conscience, and which was an and signed before me at on this the on this the 20, and that the administering oath complied was a stational size of the state	he oath, sworn to day of with the
regulations contained in Government Gazette No. R 1258 of 21 July 1 amended.	972, as
Commissioner of Oaths	

(Commissioner of Oaths stamp to be affixed)  $^{\star}$ 

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

## **List of Annexures**

Annexure description	Annexure no.	Page no.