**** the **doj & cd**

**AFFIDAVIT / AFFIRMATION**

**Department:**

**Justice and Constitutional Development**

**REPUBLIC OF SOUTH AFRICA**

I, (full names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declare as follows**

The deceased (name & ID number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and I (name of surviving partner) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(a) were partners in a permanent life partnership; and

(b) undertook a mutual agreement of support; and

(c) we cohabitated at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) the partnership still existed at the time of death of the deceased.

The following facts are submitted as proof of a mutual agreement of support:

*This must include all of the following or additional information, by way of an affidavit/affirmation and supporting documents should be attached:*

1. the length of the relationship;
2. that the relationship was exclusive of other persons;
3. that the parties shared family responsibilities;
4. affidavits confirming the extent to which the partners were acknowledged by friends and family as life partners;
5. the respective ages of the partners;
6. whether the partners took part in a ceremony manifesting their intention to enter into a permanent partnership, what the nature of that ceremony was and who attended it;
7. whether the partners share a common abode;
8. whether the partners own or lease the common abode jointly;
9. whether and to what extent the partners share responsibility for living expenses and the upkeep for the joint home;
10. whether and to what extent one partner provides financial support for the other;
11. whether and to what extent the partners have made provision for one another in relation to medical, pension and related benefits;
12. whether there is a partnership agreement and what its contents are;
13. whether and to what extent the partners have made provision in their wills for one another;
14. whether the cohabitants have children; and
15. whether they have associated in public as an intimate couple

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**Signature of deponent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote his/her answers in his/her presence.

(a) Do you know and understand the contents of the affidavit/affirmation?

Answer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Do you have any objection to taking the prescribed oath/affirmation?

Answer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Do you consider the prescribed oath/affirmation as binding on your conscience?

Answer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have satisfied myself as to the identity of the deponent and certify that the deponent has acknowledged that he/she knows and understands the contents of the declaration.

The above signature/mark of the deponent has been affixed to the affidavit /affirmation in my presence.

Signed and sworn to/affirmed before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Commissioner of Oaths**

Full names of Commissioner of Oaths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Commissioner of Oaths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area for which appointed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_