



**SWORN AFFIDAVIT REGARDING
 SEXUAL OFFENCE**

I..... (full names and surname),
 ID hereby declare that I am an
 applicant for an expungement of a criminal offence wherein I was convicted on
 (date of conviction) of

(state offence).

*I declare that **I was/ I was not** convicted of a sexual offence against a child (boy or girl under the age of 18 years), or a person who is mentally disabled. **(*Delete which is not applicable).**

*The victim of the sexual offence was (state age of victim) years old at the time the offence was committed.

AND

*I declare that **there are other cases /there are no other cases** currently being investigated against me alleging that I have committed a sexual offence against a child (boy or girl under the age of 18 years) or a person who is mentally disabled. **(*Delete which is not applicable).**

*The victim of the sexual offence was (state age of victim) years old at the time the alleged offence was committed.

Thus signed at on the day
 of 20.....

Signature

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1. Do you know and understand the contents of the statement? Answer:
2. Do you have any objection against taking the prescribed oath? Answer:
3. Do you consider the prescribed oath binding on your conscience? Answer:

A. I certify that the above-mentioned questions were put to me and that my answers thereto as reflected above were written down in my presence.

Signature of declarant

B. I certify that the declarant has acknowledged that he/she knows and understand the contents of this declaration which was sworn to before me and the declarant's signature was placed thereon in my presence.

Commissioner of Oaths

Full first names and Surname
.....
(Block letters)

Position (rank) Ex Officio Republic of South Africa

Business Address
.....
.....
(Street address must be stated)

Date _____ Place _____