

**APPLICATION FORM FOR THE** **APPROVAL OF THE APPOINTMENT OF A VALUATOR IN TERMS OF SECTION 24(1) OF THE LONG-TERM INSURANCE ACT, 1998 (ACT NO. 5 OF 1998)**

**General instructions:**

1. This application form must be completed in accordance with the *Information relating to an application for approval of statutory actuary or alternate statutory actuary-*document included at the end of this application form. An application form that does not comply with the instructions and guidance provided in this document will not be considered.
2. All questions must be answered or marked not applicable (N/A).
3. The Principal Officer of the insurer must complete Parts 1, 3 and 4 of this application form. If a person other than the Principal Officer of the insurer signs the form, proof of the authorisation must be attached to the application form.
4. The format of this form or the wording of questions may not be changed. However, this form may be reproduced.
5. Answers may be in writing or may be typed. If the form that is submitted contains any changes to typed or written information, those changes must be signed.
6. This form must be completed when a new Valuator is appointed.
7. The information in this document is confidential and not available for inspection by the public.
8. This application should be made at least 60 days in advance of effective date.

**Insurer Name**

**Insurer’s NAMFISA registration reference number**

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| **PART 1: INFORMATION BY THE INSURER** |

**Instructions:**

1**.** All questions must be answered or marked not applicable (N/A).

2. If any questions are answered “YES”, full details must be attached to the application form. Any supporting documentation must be indicated in Part 3 of this form.

1. **Previous Valuator**
2. **If another actuary was previously appointed by the insurer, has that actuary’s statement referred to in section 24(2)(b) of the Long-term Insurance Act, 1998 (Act No. 5 of 1998) been submitted to the Registrar?**

**YES NO**

***If “No”, please attach the actuary’s statement to this application form.***

* 1. **Previous Valuator information**
* Full name of previous Valuator…………….…………………………………………..
* Telephone No…………………………………………………………………………….
* E-mail address …………..……………………………………………………………….
* Reason(s) for change in Valuator………………………………………………………

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1. **Proposed Valuator (in terms of this application)**
2. Details of proposed Valuator:

* Full name of proposed Valuator………………………………………………………..
* Postal Address……………………………………………………………………………
* Physical Address…………………………………………………………………………

……………………………………………………………………………………………..

* Telephone No…………………………………………………………………………….
* Facsimile………………………………………………………………………………….
* Website, if any …………………………………………………………………………..
* E-mail address …………………………………………………………………………..
* Date of appointment……………….…………………………………………………….

***Please attach a copy of the resolution by the Board of Directors of the insurer to appoint the Valuator.***

1. What is the valuator’s relationship with the insurer?

|  |  |
| --- | --- |
| Employee |  |
| Director |  |
| Professional Service Provider |  |
| Shareholder |  |
| Previous employer |  |

Please provide details of other services and agreements with the insurer, if any, e.g. investment adviser, etc. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

***Please provide copies of such contractual arrangements as an attachment to this application.***

1. If the Valuator is a professional service provider, has a written contract been entered into with the latter?

**YES NO**

1. Does the Valuator hold securities or interest in securities of the insurer?

**YES NO**

1. If the answer to question 4 above is “yes”, please indicate the number and class of securities held / interest in securities held by the Valuator and/or each related party and % voting rights that the Valuator or related party may exercise at a general meeting of the insurer.

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| --- | --- | --- |
| **Who hold securities/interest in securities (in respect of related parties the relationship with the Valuator must be specified)** | **Number & class of securities / interest in securities** | **Voting rights that may be exercised at a general meeting of the insurer** |
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1. How many securities, options or interest in securities if any, in the insurer or a related party of the insurer does the Valuator have or may the Valuator become eligible for.

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| --- | --- | --- | --- | --- |
| **Insurer/related party of insurer** | **Number of options/interest** | **Current Value (N$)** | **Vesting Conditions** | **Vesting date(s)** |
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1. Is there any other matter, relationship or interest that may cause, potentially cause or be perceived to cause a conflict of interest vis a vis the insurer? ………………………..………….

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1. If the answer to question 7 above is yes, please provide details?

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1. **Indemnity**

I, ……………………………………………………………………………………*[full name of principal officer]*, identity / passport number ………………………………………………………hereby certify, to the best of my knowledge, that the answers and attached information are complete, accurate, true and not misleading in any respect.

I, ……………………………………………………………………………………*[full name of principal officer]*, Identity / passport number ……………………………………………………… hereby authorise NAMFISA and its duly authorised verification agent, to request or confirm any personal information as well as any other information provided in support of this application with any personal data holders (including but not limited to the Namibian Police Services, the Government of Namibia, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying information.

I further authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information to NAMFISA, and its duly authorised verification agent. I unconditionally indemnify NAMFISA its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

I furthermore authorise NAMFISAto provide any information provided in this application form or by any personal data holders to NAMFISA,to any other body designated in national legislation to supervise, regulate or enforce legislation or a similar body designated in the laws of a country other than Namibia, to supervise, regulate or enforce legislation of that country. I unconditionally indemnify NAMFISA and such other bodies against any liability that may result from furnishing information.

…………………………….. …………………….

**Signature Date**

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| **PART 2: INFORMATION BY THE VALUATOR** |

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| **INSTRUCTIONS:**   1. All questions must be answered or marked not applicable (N/A). 2. If any questions are answered with a “YES” full details must be attached to the application form. Any supporting documentation attached must be indicated in Part 3 of this form. 3. Certified copies of the following must be attached and indicated as attached in Part 3 of this form:  * The identification document of the Valuator; * If the Valuator is not a Namibian citizen, his/her passport, permanent residence permit and work permit (if applicable); * The academic qualifications of the Valuator; * The practicing certificate issued by the Actuarial Society of South Africa. |

1. **Details of Valuator (in terms of this application)**
2. Title, full name and surname of Valuator……………………………………………
3. Postal Address…………………………………………………………………………
4. Physical Address………………………………………………………………………
   1. …………………………………………………………………………………………
5. Telephone No…………………………………………………………………………
6. Facsimile………………………………………………………………………………
7. Website, if any ……………………………………………………………………….
8. E-mail address ……………………………………………………………………….
9. **Membership of professional bodies**
10. Are you a fellow member of the Actuarial Society of South Africa?

**YES NO**

1. In what year were you admitted as a fellow member of the Actuarial Society of South Africa?

……………………………………………………

1. Are you a member of any other national or international professional bodies?

**Yes No**

1. If the answer to 3 above is yes, please complete the following table.

|  |  |  |
| --- | --- | --- |
| **Professional body** | **Year you became a member** | **Details of membership** |
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1. **Qualifications and Experience**
2. Qualifications

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| --- | --- | --- |
| **Institute that issued the qualification** | **Qualification** | **Year obtained** |
|  |  |  |
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1. Experience

*Provide details of relevant experience during the last 5 years, including the name of the employer/organisation for which work was undertaken and the nature of the business (e.g. insurance, pension fund, medical aid fund, investment, etc.).*

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| --- | --- | --- | --- |
| **Name of employer / organisation** | **Nature of business** | **Duration** | **Details of actuarial experience** |
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*(If you are of the opinion that experience gained prior to qualification as a Valuator is relevant to your application, you may include such experience in the table, highlighting that it is experience gained prior to qualification)*

***Please provide curriculum vitae.***

1. Do you have a relevant and valid practicing certificate issued by the Actuarial Society of South Africa or other Societies?

**YES NO**

1. **Operational abilities**
2. Are you fully aware of all the obligations and duties of a statutory valuator as set out in the relevant Namibian Act(s)?

**YES NO**

1. Are you fully aware of all the obligations and duties of a Valuator as set out in the applicable professional guidance notes issued by the Actuarial Society of South Africa and/or any other Society of which you are a member?

**YES NO**

1. Are you confident that you will have enough time to fulfill these duties, in accordance with the obligations and duties as set out in the professional guidance notes issued by the Actuarial Society of South Africa or any similar Society, taking into account other appointments as Valuator and commitments that you may have?

**YES NO**

1. Provide details of other current appointments as Valuator.

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| --- | --- |
| **Name of Insurer / Institution** | **Appointment date** |
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1. Does the valuator receive more than 10% of its total annual fees from the insurer for which this application is completed? please provide more details………………………………………. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..
2. Please describe in short how you/your firm keep updated with technical and other developments in valuating standards in the financial services sector, e.g. research and training

…………………………………………………………………………………………… …………………………………………………………………………………………..

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1. **Business Interests (other than in the insurer)**

*Provide details of your business interests, other than those relating to the insurer.*

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| --- | --- | --- | --- |
| **Name of company or other juristic person** | **Relationship e.g. managing director / executive or non-executive director / member etc.** | **Percentage interest if more than 10%** | **Duration of interest** |
|  |  |  |  |
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| 1. **Characteristics of Honesty and Integrity** | YES | NO |
| Has an adverse finding been made against you within a period of ten years preceding the date of application in any civil or criminal proceedings by a court of law (whether in Namibia or elsewhere), in which you were found to have acted fraudulently, dishonestly, unprofessionally, dishonorably or in breach of a fiduciary duty? | |  | | --- | |  | | |  | | --- | |  | |
| Have you within a period of ten years preceding the date of application been found guilty by any professional or financial services industry body (whether in Namibia or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| Have you within a period of ten years preceding the date of application been denied membership of anybody referred to in question 2 above on account of an act of dishonesty negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| Have you within a period of ten years preceding the date of application been found guilty by any regulatory of supervisory body (whether in Namibia or elsewhere) or has an authorization to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in Namibia or elsewhere) from taking part in the management of any company or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not? | |  | | --- | |  | | |  | | --- | |  | |
| Have you been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in Namibia, or elsewhere) or exchange, professional body or government body or agency? | |  | | --- | |  | | |  | | --- | |  | |
| Have you ever been refused authorization to carry on business by any regulatory body (whether in Namibia or elsewhere), or has such authorization ever been suspended or revoked by any such body, because of negligence, incompetence or mismanagement? | |  | | --- | |  | | |  | | --- | |  | |
| Have you at any time prior to the date of application been disqualified or prohibited by any court of law ( whether in Namibia or elsewhere) from taking part in the management of any company or other statutorily created, recognized or regulated body, irrespective whether such disqualification has since been lifted or not? | |  | | --- | |  | | |  | | --- | |  | |
| Are you subject to an order of a competent court holding you to be mentally unfit or disordered? | |  | | --- | |  | | |  | | --- | |  | |
| Have you within a period of ten years preceding the date of application been removed from office on account of misconduct relating to fraud or the misappropriation of money, whether in Namibia or elsewhere? | |  | | --- | |  | | |  | | --- | |  | |
| Have you within a period of ten years preceding the date of application been a director or member of a governing body of an entity at the time that such entity has been de-registered in terms of public regulation? | |  | | --- | |  | | |  | | --- | |  | |
| Have you within a period of ten years preceding the date of application received a grant of amnesty or free pardon for any offence? | |  | | --- | |  | | |  | | --- | |  | |
| Has your estate ever been sequestrated? | |  | | --- | |  | | |  | | --- | |  | |
| Have you ever been convicted of an offence or found to be liable under the Financial Intelligence Act, No. 13 of 2012 (FIA), and/or the Prevention of Organized Crime Act, No. 29 of 2004 and/or the Combating of Financing of Terrorist Act, Act No 12 of 2012 and/or any other similar crime in any country? | |  | | --- | |  | | |  | | --- | |  | |
| Do you have any additional information, which should be brought to the Registrar’s attention, which may have an impact on the evaluation, by the Registrar of your good character and integrity? | |  | | --- | |  | | |  | | --- | |  | |
| Are you listed on any bad creditors’ bureau? | |  | | --- | |  | | |  | | --- | |  | |
| Are you involved in other companies as directors, shareholder, member? | |  | | --- | |  | | |  | | --- | |  | |
| Have you ever been involved in an event which resulted in the failure of protection of policyholders? | |  | | --- | |  | | |  | | --- | |  | |
| Have you been appointed as a Principal Officer? If yes, provide more information i.e. duration, which entity etc………………………………………………………………………...  ……………………………………………………………………………………………………… | |  | | --- | |  | | |  | | --- | |  | |
| Have you ever been involved with a regulated institution when such institution failed to maintain a financial sound position or the required capital or solvency? | |  | | --- | |  | | |  | | --- | |  | |

1. **Declaration**

I …………………………………………………………………………………….. [full name of the Valuator] confirm that the information contained in this application is accurate and true in all material aspects.

I hereby acknowledge that I am familiar with the provisions of the Long-term Insurance Act, 1998 (Act No. 5 of 1998) and the duties imposed by it on a Valuator.

…………………………… ……………………

**Signature Date**

1. **Indemnity**

I, ………………………………………………………………………..…………………….. [full name of the Valuator], Identity/passport number …………………… hereby authorise NAMFISA, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of my application to any personal data holders (including but not limited to the Police Services, the Government(s) of Namibia, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations in Namibia or any other country) for the purpose of verifying my personal credentials and records.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, and employment references including industry employment registers, consumer credit, criminal records, drivers’ license, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding my credentials, whether claimed or not, to NAMFISA and its duly authorised verification agent. I unconditionally indemnify NAMFISA, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

I further authorise NAMFISA to provide any information provided in this application form or by any personal data holders to NAMFISA to any other body designated in national legislation to supervise, regulate or enforce legislation or a similar body designated in the laws of a country other than Namibia to supervise, regulate or enforce legislation of that country. I unconditionally indemnify NAMFISA and such other bodies against any liability that may result from furnishing information.

…………………………….. …………………….

**Signature Date**

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| **PART 3: ATTACHMENTS** |

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| **INSTRUCTIONS:**  Clearly indicate any attachments that have been included with this application form. |

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Number of pages** |
| **Attachment A** |  |  |
| **Attachment B** |  |  |
| **Attachment C** |  |  |
| **Attachment D** |  |  |
| **Attachment E** |  |  |
| **Attachment F** |  |  |
| **Attachment G** |  |  |
| **Attachment H** |  |  |
| **Attachment I** |  |  |
| **Attachment J** |  |  |
| **Attachment K** |  |  |
| **Attachment L** |  |  |
| **Attachment M** |  |  |
| **Attachment N** |  |  |

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| **PART 4: CONTACT DETAILS OF THE PRINCIPAL OFFICER** |

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| --- |
| **EXPLANATORY NOTE:**  Details of the Principal Officer must be provided. The Registrar will liaise with the Principal Officer and all correspondence from the Registrar shall be sent to the Principal Officer. |

1. **Full name and surname………………………………………………………….**
2. **Telephone number………………………………………………………………..**
3. **Mobile number……………………………………………………………………**
4. **Facsimile number………………………………………………………………….**
5. **E-mail address…………………………………………………………………….**

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| INFORMATION RELATING TO AN APPLICATION FOR APPROVAL OF A VALUATOR |

**A. Introduction**

The application form relates to the approval of the appointment of a Valuator under the *Long-term Insurance Act, 1998 (Act No. 5 of 1998)*.

The *Long-term Insurance Act* requires every Short-term insurer to appoint a valuator if at any time so requested in writing by the Registrar. The Registrar must approve the appointment of a Valuator before such an appointment can take effect.

**B. Interpretation**

In the application form any word or expression defined in the Long-term Insurance Act, 1998 (Act No. 5 of 1998), including any measure referred to in the definitions of “the Act” in sections 1(1) of the Act, have, unless the context otherwise indicates, the meaning so defined.

Note that, if there is any discrepancy between the application form and the provisions of the Long-term Insurance Act, 1998 (Act No. 5 of 1998), the provisions in the Act will be deemed correct.

**C. Instructions**

1. An application form must be submitted directly to the Namibia Financial Institutions and Supervisory Authority.
2. The application form must be completed in full by the responsible person and be signed by the person duly authorised to sign this form. The Principal Officer of the insurer must complete Parts 1, 3 and 4 of this application form. If a person other than the Principal Officer of the insurer signs the form, proof of the authorisation must be attached to the application form.
   1. The Valuator must complete Part 2 of the application form.
3. The application form must be completed with reference to the instructions and explanatory notes provided in the application form and this information documented in respect of each part of this form. The format of the application form or the wording of questions may not be changed.
4. An application form that does not comply with 1 – 3 above, will not be processed and will be returned to the applicant.

**D. Documents that must accompany the application**

The application must be accompanied by the documents required under each part of the application form, which must be listed in Part 3 of the application form.

**E. Additional Information**

The Registrar, in accordance with section 6(a) of the Long-term Insurance Act, 1998 (Act No. 5 of 1998), may request additional information relating to the application.

**F. Penalties**

Any person who contravenes or fails to comply with a provision of 24(3), or prepares or issues any document required for the purposes of this Act, or participates in the preparation or issuing of any such document, knowing such document to be false in any material respect; OR a registered insurer or reinsurer who contravenes or fails to comply with section 24(1), shall be guilty of an offence and on conviction be liable to a fine not exceeding N$ 150 000 or to imprisonment for a period not exceeding 10 years or to both such fine and such imprisonment.

**Note: NAMFISA may call upon the applicant to furnish further information relevant to the application. NAMFISA will not accept incomplete applications.**

**ANNEXURE A**

1. **Appointment and duties of a Valuator in terms of Section 24(1) of the Long-term Insurance Act, 1998 (No. 5 of 1998)**

Every registered insurer/reinsurer must if at any time so requested in writing by the Registrar appoint and at all times during such period as may be determined by the Registrar have an actuary.

**Declaration**

1. As Valuator appointed by ………………………………………………….(*name of insurer)*, we hereby confirm that:
2. None of our valuators, auditors, directors and employees are directors, officers or employees of …………………………………..(*name of insurer*); and
3. Whenever we, ……………………………………………….(*name of Valuator*) terminate or resign as a Valuator, we will within thirty days from the date of such termination or resignation, as the case may be, notify NAMFISA in writing of the reasons.
4. As per the duties imposed by the Long-term Insurance Act, 1998 (Act No. 5 of 1998) we further confirm that I/we will shall examine

(i) the actuarial assumptions upon which domestic policies have been based, including the rates of premium to be charged and the benefits undertaken to be granted by the registered insurer or reinsurer under any such policy, in order to satisfy yourself that the terms of such policies are actuarially sound; and

(ii) the nature of the assets held by the registered insurer or reinsurer, and the spread of those assets over the different forms in which they are held, in order to satisfy yourself that such nature and spread of assets are proper and suitable in the light of the nature and maturity terms, of the various liabilities of the registered insurer or reinsurer under the different policies issued by it; and

in order to satisfy yourself that-

(i) the particulars contained in the statement of assets of the registered insurer or reinsurer referred to in section 28 reflect correctly the assets of the registered insurer or reinsurer, evaluate and examine those assets; and

(ii) the particulars contained in the statement of liabilities of the registered insurer or reinsurer referred to in section 33 reflect correctly the liabilities of the registered insurer or reinsurer, evaluate the obligations of the registered insurer or reinsurer to policyholders,

and shall, if you are so satisfied, attest such statements to that effect, or, if you cannot so satisfy yourself, attest such statements subject to such qualifications as you may deem necessary and-

*(a)* furnish the registered insurer or reinsurer with a written report on your findings, together with any recommendation which you may wish to make in relation to the calculation of such rates of premium, benefits, assets or liabilities; and

*(b)* submit to the Registrar a written report on any material irregularity, if any, that you believe has taken place or is taking place in the conduct of the affairs of the registered insurer or reinsurer which has caused or is likely to cause financial loss to it or to its policyholders or creditors.

Furthermore, as Valuator, I/we shall, at the cost of the registered insurer or reinsurer, undertake such other evaluation or examination of the affairs of the registered insurer or reinsurer as may be requested by the Registrar for the purposes of the performance of his or her functions in terms of this Act.

**I/we**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Name of Valuator*)

* **Declare** that all the information provided in this application and as per Annexure A of this application (including any attachments) is complete, true and correct.
* **Read and understood** our duties as a Valuator in terms of the Act.
* **Understand** that if any information in this application changes before and/or after this application is approved, we must notify NAMFISA in writing immediately of the changes.

(To be signed by the Valuator.)

……………………..……… …………………………… ……………………..

**Full Name Signature Date**

**ANNEXURE B**

**Affidavit by Valuator**

I, ………………………………………………………………………………… (Full name of Valuator), Identity / Passport number ……………………………… hereby declare and confirm under oath / or affirm that I -

1. am not a minor or a person under legal disability;
2. am not subject to any order issued under or deemed to have been issued under the Companies Act, 2004 (Act No. 28 of 2004), disqualifying me from being a director of or being in any way concerned or taking part in the management of any company, whether directly or indirectly;
3. am not an un-rehabilitated insolvent;
4. have not been removed from an office of trust on account of misconduct;
5. have not been a subject of civil or criminal proceedings or any enforcement action, in relation to the management of any entity, or commercial or professional activities, which were determined adversely to me and which reflected unfavorably on my competence, diligence, judgment, honesty or integrity;
6. have not been a principal officer, member, director or CEO of a financial institution while such financial institution was not in compliance with any law governing such financial institution;
7. have not been a principal officer, member, director or CEO of any business or company which failed, where failure has been occasioned entirely or in part by deficiencies in competence, diligence, honesty, integrity, fairness or ethical behavior in the management of the business or company;
8. have not been convicted, whether in Namibia or elsewhere, of theft, fraud, forgery or uttering a forged document, perjury, an offence under any law for the prevention of corruption, or any offence involving dishonesty or in connection with the promotion, formation or management of a company, and sentenced to imprisonment without the option of a fine or to a fine to the equivalent of or exceeding N$ 1 000.00 (One Thousand Namibia dollar);
9. have been candid and truthful in all my dealings with any regulatory body and am ready and willing to comply with the requirements and standards of the regulatory system and with other legal, regulatory and professional requirements and standards; and
10. am not a director or a Principal Officer of the insurer.

I undertake to inform NAMFISA forthwith should any of the statements made in this affidavit no longer be true and correct.

**SIGNED** and **SWORN** to in my presence at ……………………. on this…………. day of …………………….. 20….. and the deponent declared as follows: that the facts herein contained fall within his personal knowledge, that he knows and understands the contents of this Affidavit, that he has no objection to taking the prescribed oath, and that he regards same as binding on his conscience and declared as follows:

………………………………….. …………………………….

**Signature of deponent Date**

**Commissioner of Oaths**

……………………………………….. ……………………………..

**Signature and particulars of Date**

**Commissioner of Oaths**