



(ID NUMBER) _____

Unemployed Learner

And

**THE SERVICES SECTOR EDUCATION
AND TRAINING AUTHORITY**

Funder

CONFIRMATORY AFFIDAVIT

I, the undersigned

(Name and surname) _____

Do hereby declare the following under oath:

1.

I am a Major of full legal capacity residing at (Physical Address)

2.

Initial Here

Initial Here

I hereby confirm that I am unemployed Student duly enrolled for intervention held at (University name) _____ with the Services SETA as a Funder.

3.

I agree and confirm that this affidavit is legally binding to me.

4.

I understand that it is an offence in terms of the Skills Development Act 97 of 1998 ("the Act"), section 33, sub-section (a) to (c) to provide False or Misleading information in this affidavit.

5.

The Services SETA reserves the right to cancel the Learning pathway agreement if I as the Learner have been found to have provided false and misleading information.

6.

The Facts set above are within my personal knowledge and are to the best of my knowledge and belief both true and correct.

DEPONENT

**THUS SWORN AND SIGNED ON THIS ____ DAY OF _____ 20....
BEFORE ME, COMMISSIONER OF OATHS THE DEPONENT HAVING
ACKNOWLEDGED THAT HE/SHE UNDERSTANDS THE CONTENTS OF
THIS AFFIDAVIT HAS NO OBJECTION IN TAKING THE OATH AND
REGARDS THE OATH AS BINDING ON HIS/HER CONSCIENCE AFTER**

Initial Here

**COMPLYING WITH THE REQUIREMENTS OF GOVERNMENT NOTICE
R1258, DATED 21 JULY 1972, AS AMENDED.**

BEFORE ME:

COMMISSIONER OF OATHS

NAME:

CAPACITY:

ADDRESS:

Initial Here