

## FORM 12 [Regulation 14] AFFIDAVIT BY MEMBER OF SOUTH AFRICAN POLICE SERVICE TO FURNISH INFORMATION TO COURT

SECTION 5(3)(a) OF THE PROTECTION FROM HARASSMENT ACT, 2011 (ACT NO. 17 OF 2011)

(CONFIDENTIAL)

## (MUST BE COMPLETED IN DUPLICATE)

APPLICATION NO	/20	DIRECTION NO	/20
То:		(name and surnar	
Facsimile number:			
From (particulars of per Name and surname: Telephone number: Physical address:	son making affidavit):		
Rank: Persal number: hereby states as follo	ws:		
complainant/related pe	ection of the court I was order rson with a view to determining in order to identify or trace the	g the name and address or	
2. As a result of the in	vestigation the following inform	nation of the respondent has	s been obtained:
	e of respondent:		
•	dent:		
	ional information has been acq		

	J100
(Any documentation acquired which may be used to identify or trace the re	
as an annexure to this form.)	
Signature of Deponent	Date
Signature of Deponent	Date
I certify that before administering the *oath / taking the affirmation I asked the questions and noted *her/his answers in *her/his presence as indicated below	-
(a) Do you know and understand the contents of the above declaration?	Answer
(b) Do you have any objection to taking the prescribed oath?	Answer
(c) Do you consider the prescribed oath to be binding on your conscience?	Answer
I certify that the Deponent has acknowledged that *she/he knows and unders declaration which was *sworn to / affirmed before me, and the Deponent's sign my presence.	
Dated at day of	20
Justice of the Peace / Commissioner of Oaths	
Full Names:	
Designation:	
Area for which appointed:	
Business Address:	
To be completed by the clerk of the court on receipt of the affidavit:	
l, clerk of the court), hereby certify that I have received this affidavit from	•
the affidavit to clerk of the court) on(date).	

Signature of clerk of the court

(CONFIDENTIAL)