SWORN DECLARATION / STATEMENT

FULL NAME						
ID NUMBER		GENDER			AGE	
OCCUPATION						
CONTACT NUMBER		HOME LANGUAGE				
RESIDENTIAL ADDRESS						
7.007.200						
I HEREBY DECLARE IN E THE BELOW STATED CE (THEY) BE REGISTERED	LLULAR MOBILE NUMBER(S)	BELONG TO I	ME AND VO	OLUNTARIL	Y REQUES	ST THAT IT
SIM CARD NUMBER		MOBILE NU	MBER			
	AND THE CONTENT OF THIS I CRIBED OATH AS BINDING O		•	1ENT. I HAV	/E NO OBJ	IECTION
DATE	PONENT					
TIME	FORE ME					
CONTENT OF THIS STAT	PONENT HAS ACKNOWLEDGI FEMENT WHICH WAS SWORN HUMBPRINT ON IN MY PRESE _/20	N/AFFIRMED I	BEFORE MI	E AND HE/S	HE PLACE	ED
	COMMISSIO	ONER OF OAT	гн			
	FULL NAME					
	SIGNATURE	:				