## **Witness Affidavit Statement**

Address	
Address	
Contact Number	
Date of Statement	
Place of Statement	
Statement	
I, the undersigned, acknow belief.	ledge that the above statement is true and correct to the best of my knowledge and
Signature of Witness	
Signature of Witness	
Signature of Witness	if applicable)
Signature of Witness  Date	if applicable)
Signature of Witness  Date	
Signature of Witness  Date  Name of Attesting Officer (	
Signature of Witness  Date  Name of Attesting Officer (  Signature of Attesting Officer	