

# CLIENT ADDRESS DECLARATION



## WHEN AND HOW TO COMPLETE THIS FORM:

- This form is to be completed by both the OBIN client and the person confirming the client's physical/residential address, should the client be unable to provide proof of their residential address.
- Confirmation from co-habitee or property owner will be accepted.
- This form needs to be stamped by a Commissioner of Oaths.

## SUPPORTING DOCUMENTS REQUIRED (CHECKLIST):

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | This completed form, signed, and dated by both parties.   |
| <input type="checkbox"/> | A copy of the co-habitee/property owner's South African bar-coded ID or Smartcard (front & back) for SA resident. |
| <input type="checkbox"/> | A copy of the OBIN client's South African bar-coded ID or Smartcard (front & back) for SA resident.               |
| <input type="checkbox"/> | Clear copy of a utility bill of the person confirming the client's address.                                       |

## DECLARATION BY OBIN CLIENT:

TITLE:	<input type="text"/>																
FIRST NAMES:	<input type="text"/>																
SURNAME:	<input type="text"/>																
NATIONALITY:	<input type="text"/>																
DATE OF BIRTH:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
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ID NUMBER:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLACE OF BIRTH:	<input type="text"/>																
RESIDENTIAL ADDRESS:	<input type="text"/>																
	<input type="text"/>																
	<input type="text"/>																

I declare that I live at the above address and cannot provide an acceptable utility bill or bank statement in my name that reflects this address.

Signature of Client:	<input type="text"/>	Signed at:	<input type="text"/>									
		Date:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**DECLARATION BY PERSON CONFIRMING THE CLIENT'S ADDRESS:**

**TITLE:**

**FIRST NAMES:**

**SURNAME:**

**NATIONALITY:**

**DATE OF BIRTH:**

**ID NUMBER:**

**PLACE OF BIRTH:**

**RESIDENTIAL ADDRESS:**

**I OWN THE PROPERTY AT THE ABOVE-MENTIONED ADDRESS:**  YES  NO

**I RESIDE AT THE ABOVE-MENTIONED ADDRESS:**  YES  NO

**MY RELATIONSHIP TO THE OBIN CLIENT:**  
*(E.g. Spouse, guardian, co-habitee)*

**I CONFIRM THAT THE OBIN CLIENT RESIDES AT:**

I declare that that the above information is true and correct.

**Signature of Person confirming the Client's Address:**

**Signed at:**

**Date:**

**COMMISSIONER OF OATHS:**

I certify that the deponent acknowledged that he/she knew and understood the contents of the above declaration that I duly administered the oath contained in Regulation No. R1258 of July 1972, and that the deponent signed the declaration in my presence.

**Signature of Commissioner of Oaths:**

**Signed at:**

**Date:**

**Stamp of the Commissioner of Oaths:**