



PRO-FORMA STATEMENT

The following brief affidavit must be completed by the candidate and signed by a Commissioner of oaths and accompany the GDE 1/ Z 83.

SURNAME: _____ INITIALS: _____

PERSAL NO: _____ SACE REGISTRATION NO: _____

CURRENT INSTITUTION: _____

TELEPHONE NO: (W) _____ (CELL) _____

Please declare the following:

- Did you ever accept any Voluntary Severance Package?
- Did you ever opt for early retirement?
- Do you have a criminal record?
- Were you ever found guilty of misconduct or discharged?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If the answer to any of the above-mentioned questions are affirmative, please supply details:

Please note that if any of the information given is found to be incorrect, misconduct steps will be brought against you which might lead to your dismissal.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

COMMISSIONER OF OATHS