

# AFFIDAVIT

I.....  
(FULL NAME AND NATIONAL REGISTRATION NUMBERS)

residing at.....

do hereby make oath and declare the following:

1. I am submitting an application for registration of \_\_\_\_\_ which would be situated at \_\_\_\_\_.
2. I shall be in control and management of the health institution.
3. I will be obliged to change my trade name in the event that there is a health institution already operating with a similar trade name..
4. The health institution shall be always under the direct personal and continuous supervision of a registered practitioner.
5. The following documents are enclosed to support the application in fulfillment of the provisions of Section 124/125 of the Health Professions Act (Chapter 27:19)
  - Completed application form for Registration – **Annexure 1**
  - Certified copy of Form CR 14 – **Annexure 2**
  - Certified copy of Certificate of Incorporation – **Annexure 3**
  - Certified copy of Memorandum and Articles of Association – **Annexure 4** (consisting of \_\_\_\_\_ pages)
  - Certified copy of Form CR 2 – **Annexure 5**
  - Certified Copy of Agreement of Sale (where applicable)- **Annexure 6** (comprising of \_\_\_\_\_ pages)
  - Certified copy of Share Certificates – **Annexure 7** (Comprising of \_\_\_\_\_ pages)
  - Certified copy of Current Practising Certificate and Registration Certificate – **Annexure 8**
  - Inspection report from **Local Authority – Annexure 9 (Comprising of \_\_\_\_\_ pages)**
  - The appropriate fees **USD**\_\_\_\_\_
6. It is my sole responsibility to ensure that I abide with any other relevant enactments governing my profession as a registered practitioner and in the operation of a health institution.

I make the above statement conscientiously believing the same to be true.

Signed.....

Signed before me at ..... this.....day of.....  
PLACE DATE MONTH YEAR

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

**STAMP**