

[(b) .]
(any other directions required)

4. Further, I, [make oath and say] [solemnly and sincerely affirm and
(if a representative - capacity and authority to make the affidavit, R.11(b))
declare] as follows -

(a)

(b)

(State concisely and in consecutively numbered paragraphs the material facts relied on to support the application and any other matters required under R. 10.)

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

(if the affidavit extends over more than 1 page, at the foot of the first and every other page except the last:)

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[Signed

(deponent to sign)]

[Taken by

(person before whom affidavit is sworn]

(At the end of the body of the affidavit:)

(Signature)

Deponent

[SWORN] [AFFIRMED] by the deponent at

on

(place)

(day, month and year)

before me:

(Signature)

(print name)

[Justice of the peace][commissioner for declarations][lawyer](other)

TO RESPONDENTS:

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the commission in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

PARTICULARS OF THE APPLICANT

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Appellant's address for service:

Appellant's phone number or contact phone number:

Appellant's fax number: *(if any)*

Appellant's e-mail address: *(if any)*

[IF APPLICANT HAS A LAWYER

Appellant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l))*

Appellant's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*

PARTICULARS OF THE RESPONDENTS *(if there is more than 1 respondent this information must be given for all respondents)*

Name:

Position or title: *(if applicable)*

Organisation, corporation, association, department etc: *(if applicable)*

Residential or business address:

Respondent's address for service:

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*