AFFIDAVIT REGANDING DEPENDANTS

I, **.....** Auditor, Tanzania, adult, Solemnly declare by oath and states as follows:-

1. That, I am the relative of :-

NAME	DATE OF BERTH

2. That, the said **.....**
And……are my children and their parents are disable.

3. That, I approve that the said **.....** are solely my dependants.

4. That, I declare that I am sole person entitled to claim leave allowance, disturbance transport, treatment and transfer allowance of the said **.....** and **.....**

VERIFICATION: I certify that, what is stated above is true to the best of my knowledge and belief.

Sworn before me at Mwanza by
.....
Is known to me personally
this……day of……..2015

.....
DEPONENT

SIGNATURE……

ADDRESS……..

QUALIFICATION……