



University of Venda

**Director: Finance**

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## AFFIDAVIT

(in support for an application for admission and registration as a student in the University of Venda)

I, the undersigned;

Full names: \_\_\_\_\_ ID no. \_\_\_\_\_

\_\_\_\_\_ Student no. (if applicable) \_\_\_\_\_

do hereby make oath and state as follows:

1.

I am entitled to make this affidavit, the contents of which are within my personal knowledge and are both true and correct.

2.

I am a male/female person who has applied to the University of Venda to be admitted as a student and presently residing at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

the above is also my *domicilium citandi et executandi* for service of documents.

3.

I declare that I am a person to be described as coming from a poor, deserving and indigent background, who should also qualify to be assisted by whatever means available in order for me to proceed with my studies at the University of Venda and/or any other University in South Africa, who would also be eligible to be so assisted through the South African Government established funding programmes.

4.

I give consent to the University of Venda to institute any investigation in order to verify the truthfulness of all information given to them, which information, influenced the University to cause me to be registered for the studies I have applied for.

5.

I further understand that, should the information I gave be established as falsified information, I should be liable for having committed an offence which I may be charged for and also be deregistered as a student of the University. Furthermore the University of Venda also retains the right to demand payment of any money which would have accrued during the period of my registration.

THUS signed and sworn to at **Thohoyandou** on this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

\_\_\_\_\_  
DEPONENT

THUS, SIGNED AND SWORN TO BEFORE ME AT THOHOYANDOU ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 2020, BY THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS, UNDERSTANDS AND HE/SHE HAS NO OBJECTIONS TO THE CONTENTS OF THIS AFFIDAVIT. HE/SHE CONSIDERS IT TO BE CORRECT, TRUE AND BINDING TO HIS/HER CONSCIENCE.

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

NAME:

CAPACITY:

ADDRESS:

AREA: