

Your declaration must be witnessed and countersigned below by a Member of Parliament, Justice of the Peace, Minister of Religion, or a professionally qualified person, for example, a doctor, lawyer, teacher, police officer, but not a relative, known to you personally. Alternatively, this may be witnessed by the CXC Local Registrar, a practising attorney, or magistrate who does not need to be personally known to you.

Enter full name:

I, \_\_\_\_\_

Delete (i) if inapplicable

(i) certify that the applicant has been known to me for more than two years and,

(ii) declare that to the best of my knowledge and belief the facts stated on this form are correct.

Date: \_\_\_\_\_

Witness's signature:

Relationship to applicant (if applicable)

Enter Profession:

Enter Daytime Telephone No(s).:

Area Code: No(s).:

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