FORM 6 (AFFIDAVIT OF SERVICE)
IN THE MAGISTRATE'S COURT FOR THE DISTRICT OF JOHANNESBURG CENTRAL HELD AT JOHANNESBURG

CASE NO: .....

In the matter between:-

..... **APPLICANT**

and

.....
RESPONDENT

CERTIFICATE OF SERVICE

I, undersigned,

My Name	
Address	
City, Province	
Phone	
E-mail	

I am the ☐ Applicant or ☐ Attorney for the ☐ Applicant ☐ and my Law Society number is _____

I hereby declare under oath that I served a copy of Application for Rescission on the following people. I declare under criminal penalty of Section 101 Criminal Procedure Act 51 of 1977 that this Affidavit of Service is true and correct.

Person's Name	**Method of Service**	**Served at this Address**	**Served on this Date**
(Other Party or Attorney)	☐ Hand Delivery ☐ Left at home (With person older than 16 years of age and discretion residing there.)		
(Clerk of Court)	☐ Hand Delivery		

Date: _____ Sign here ► _____

I hereby certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit which was signed and sworn before me at_____ on (date)_____.

_____

COMMISSIONER OF OATHS

ADDRESS_____

_____