DECLARATION OF INDEMNITY/CONSENT

I ..... (full name),

ID/Passport/File Number .....

hereby certify that I have voluntarily requested MR/Mrs/Ms

..... (full name),

ID/Passport/File Number ....., Cell number

.....,

To verify the validity of my asylum visa / refugee status for the following reason/s:

.....

.....

.....

I hereby fully indemnify the Department of Home Affairs against any claim that may arise from the verification.

---------- ----------

Signature (Asylum Seeker/Refugee) Date