DECLARATION . CONFIR	WATION OF IN	NIVIDOAL 3 I	CESIDENTIAL A	ADDRESS		
The undersigned,		1				
Full Name :		1	!			
Identity :						
Postal Address:						
Do hereby solemnly de	clare:					
1. That i am an adult m	ale/female ( d	elete which	ever is not a	oplicable) resid	ding at	
		_ (residentia	al address).			
2. I confirm that				_(full name of	client)	
whose ID number is resides at			esides at the	the above address.		
<u> </u>			top . Party e	v.		
Signature of Dep						
This signed and sworn	to be before n	ne at			on	
the day of acknoledged and under	stood the con	0 at tents of this	(time). To declaration	he dependen and considers	t having same	
binding upon her/consc	ience.					
Commissioner of Oa	ths.					