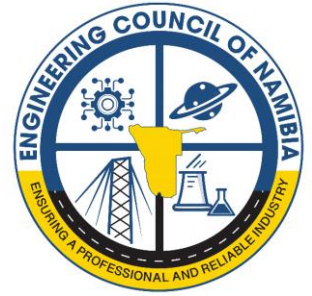


**TO: THE REGISTRAR**

**Address:** Unit 2, Bismarck Village  
 Cnr. of Simeon Shixungileni & Church Streets, Windhoek  
**Tel:** 061 233264  
**Fax:** 061 400821  
**E-mail Address:** [info@ecn.org.na](mailto:info@ecn.org.na)  
**Website:** [www.ecn.org.na](http://www.ecn.org.na)



## COMPLAINT AFFIDAVIT

**1. Complainant's information**

COMPLAINANT'S DETAILS	
<b>Full Name:</b>	
<b>ID/Passport No.:</b>	
<b>Nationality:</b>	
<b>Current Reg. No.:</b>	
<b>Postal Address:</b>	
<b>Physical Address:</b>	
<b>E-mail Address:</b>	
<b>Contact No.:</b>	

I, the undersigned, \_\_\_\_\_ (name and surname of the complainant) do hereby declare under oath the following:

1.

I am the complainant in this matter, an adult \_\_\_\_\_

(gender and occupation) and I reside at \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ (physical address)

(telephone number) \_\_\_\_\_

(email address) \_\_\_\_\_

2.

The contents herein contained fall within my personal knowledge unless the contrary appears here from.

3.

Registered person/s against whom this complaint is lodged is

a) \_\_\_\_\_, \_\_\_\_\_ (registration/identity number), an adult \_\_\_\_\_ (gender and occupation)

who resides at \_\_\_\_\_

**(physical address)** (if known to complainant).

The registered person has ordinarily carried on business at \_\_\_\_\_

\_\_\_\_\_ (name and address of company that registered person works for) (if known to complainant).

b) \_\_\_\_\_, \_\_\_\_\_ (registration/identity number), an adult \_\_\_\_\_ (gender and occupation)

who resides at \_\_\_\_\_

**(physical address)** (if known to complainant).

The registered person has ordinarily carried on business at \_\_\_\_\_

\_\_\_\_\_ (name and address of company that registered person works for) (if known to complainant).

c) \_\_\_\_\_, \_\_\_\_\_ (registration/identity number), an adult \_\_\_\_\_ (gender and occupation)

who resides at \_\_\_\_\_

**(physical address)** (if known to complainant).

The registered person has ordinarily carried on business at \_\_\_\_\_

\_\_\_\_\_ (name and address of company that registered person works for) (if known to complainant).

4.

Other person/s involved in this matter are; (**details person/s other than registered persons involved in the matter, e.g. Project Manager, Architect etc**);

a) Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Physical address \_\_\_\_\_

b) Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Physical address \_\_\_\_\_

c) Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Physical address \_\_\_\_\_



**8.**

I have attached the following documents;

YES
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NO
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8.1 A copy of the appointment letter for professional services

8.2 Any documents and/or records including electronic data relating to the work, drawings, designs, reports, specifications, calculations, contractual documents, built-records or plans, photographs or the like which will serve to illustrate or substantiate the complaint. **(List the documents and number them as annexures)**

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**9.**

I know and understand the contents of this declaration

I have no objection to taking the prescribed oath.

I consider the prescribed oath as binding on my conscience.

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**DEPONENT**

It is hereby certified that the aforesaid declaration was signed and sworn in my presence on this the \_\_\_ day of \_\_\_\_\_ 20\_\_\_, at \_\_\_\_\_, the deponent having confirmed and acknowledged:-

- a) That he/she knows and understands the contents of this declaration;
- b) That he/she has no objection to taking the prescribed oath;
- c) That he/she considers the prescribed oath as binding on his/her conscience.

\_\_\_\_\_

**COMMISSIONER OF OATHS**

Full names: \_\_\_\_\_

Address: \_\_\_\_\_

Rank/office held: \_\_\_\_\_

Area for which appointed: \_\_\_\_\_