



CRN No: ..... (For office use)

**SOUTH AFRICAN BOARD FOR SHERIFFS**

**COMPLAINT AFFIDAVIT IN TERMS OF SECTION 44(1) OF THE SHERIFFS ACT 90/1986**

*NOTE: If additional space is required to provide information, please use a continuation sheet and refer to item number that is supplemented. Note that all pages must be initialled by the complainant and the Commissioner of Oaths.*

*Please complete all items as fully as possible to enable the Board to locate persons who could be important to the investigation of this complaint.*

1. Date of complaint: .....

**A. COMPLAINANT**

2. Full name and surname: .....

3. Address: .....  
.....  
.....

4. Postal code: .....

5. Telephone number: .....

6. Fax number: .....

7. Email address: .....

**B. SHERIFF**

8. Full name and surname: .....

9. Magisterial District/ Service Area: .....

10. Parties to the case: .....

11. Case number: .....

Initial here



Signed and sworn/affirmed to before me at.....on this.....day of  
.....20....., the Deponent having acknowledged that he/she  
knows and understands the contents of this Affidavit, which is deposed to in accordance with  
the Regulations governing the administration of an oath as more fully set out in Government  
Notice R 1258 of the 21<sup>st</sup> July 1972 as amended by Government Notice 1648 dated 19<sup>th</sup> of  
August 1977 and Government Notice 903 dated the 10<sup>th</sup> July 1998.

\_\_\_\_\_  
COMMISSIONER OF OATHS

FULL NAMES: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that any complaint, accusation or allegation against a Sheriff shall be in the form of a written affidavit, stating the date and time of the incident, the name of the Sheriff and shall together with any corroborative documents be lodged with the Board as soon as may be practical after the incident.**

Revision: 09/15(2)

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