

AFFIDAVIT (To be completed in the presence of a Commissioner of Oaths)

I.....

ID-Number..... Age

Residing address

Working address

Tel(w)(h)(cell)

Declare under oath in English / confirm in English –

I was forced to sign various agreement, contracts and policies against my will, there has been no formal consultation processes. I kindly request my identity to remain hidden and confidential as a fear that I will be targeted unfairly, victimized, intimidated, bullied, and be subject to practices that creates an intolerable workplace for me. Please refer so section 14 of the constitution (The right to privacy)

If I had freedom to choose without bullying, intimidation, harassment, persecution and the fear of losing my job, I would not have signed the contract. I only signed the contract due to the pure, unbearable pressure placed on me by the company management staff. I have been intimidated and bullied into signing contracts, policies and agreement and strongly object to this type of labour practice. I have not been consulted about the contents of the contracts, policies and agreements. Differences between the contracts, policies and agreement have not been explained to me. I can confirm that my place of employment has become intolerable due to the constant fear of being suspended, pressure of being harassed to sign the contracts, policies and agreement and the toxic atmosphere created because of this. This type of labour practice is causing immense emotional distress. The stress caused by this type of labour practise is influencing my ability to perform my duties as an employee and a parent and affects my daily life activities. The contents of the agreements are unfair, immensely restrictive to my future endeavour's and will cause years' worth of legal processes that are impossible to defend against if you are a middle class member of the public. I do not understand the contents of the contracts, policies and agreement that I signed.

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I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place: Date:

Time: Signature:

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponents signature was placed thereon in my presence.

At: on at (place)

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Commissioner of Oaths

..... Force number/Rank/Name – print