

AFFIDAVIT OF IDENTITY

I, _____ a native of _____

_____ in Ward _____

of _____ LGA _____ STATE;

the declarant to this affidavit herein, being first duly sworn upon oath does hereby state as follows:

- 1. That I am the bona-fide holder of the means of identification described below:

Type: (e.g. Driver’s License Identification or other (please describe) _____

ID Number: _____ Issued Date: _____ Expiry Date: _____

- 2. That the under listed individuals are personally known to me as bona-fide members of my community;

(a) Full name _____

living at **(current physical address, describe the name of your street or name of compound in a Ward Area of LGA and State)** _____

(b) Full name _____

living at **(current physical address, describe the name of your street or name of compound in a Ward Area of LGA and State)** _____

(c) Full name _____

living at **(current physical address, describe the name of your street or name of compound in a Ward Area of LGA and State)** _____

(d) Full name _____

living at **(current physical address, describe the name of your street or name of compound in a Ward Area of LGA and State)** _____

- 3. This Affidavit is required to establish the identities of the afore-listed individuals who presently do not possess any form of government issued identification.
- 4. That I understand that falsification in any degree of this sworn declaration is a criminal offense and will subject me to prosecution to the full extent of the law.

DECLARANT FULLNAME and PHONE NUMBER

DECLARANT SIGNATURE

BEFORE ME:

COMMISSIONER OF OATHS