AFFIDAVIT

I, (full name) Maria Saunders
Declares in English that:

1.

I am an adult male/female with ID 6711190139085 and 57 years old, residing at Plot 33, Basson Rd, Crookarts Hope, P.E (place) with tel. no. 0735470006, working as a retired (occupation) at _____ (place) with tel. no. _____.

2.

I, the owner of erf 2377, Theescombe, the undersigned, hereby declare that the area which is zoned for dwelling will not form part of the operations or activities of the restaurant situated on the patio.
Should there be any intention in the future to incorporate the dwelling to the ~~relevant~~ restaurant's use or function, a formal application will be submitted to the relevant local authority for consideration and approval prior to any such change being implemented.
This application is made in good faith and with full understanding of the applicable planning and zoning regulations

I know and understand the contents of this declaration.
I do not have an objection in taking the prescribed oath.
I do consider the prescribed oath to be binding on my conscience.

Saunders

I certify that the deponent has acknowledged that he/she knows and understand the contents of this declaration. The statement was acknowledged to and the deponents signature placed thereon in my presence on 2025/04/09 at 11 : 17 At WALMER SAPS .

SOUTH AFRICAN POLICE SERVICE
P.O.BOX 5019, WALMER 6065
2025 -04- 09
WALMER
SOUTH AFRICAN POLICE SERVICE

7258625
Cst
MOLETSANE

COMMISSIONER OF OATHS
MOLETSANE OTEBOGA (Name)
S.A. POLICE SERVICE
120 Main Street PORT ELIZABETH
DLCST (Rank)