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## SD-034 GUARDIANSHIP AFFIDAVIT IN RESPECT OF A MINOR PROSPECTIVE APPRENTICE

NAME OF MINOR:	
IDENTITY NUMBER OF MINOR:	

I the undersigned do hereby make an oath and declare that the following information is, to the best of my knowledge and belief true and correct:

1. MY FULL NAME IS:	
2. MY IDENTITY NUMBER IS	
3. MY RESIDENTIAL ADDRESS IS:	
4. MY RELATIONSHIP WITH THE MINOR IS:	
5. THE NAME OF THE MINOR'S FATHER(NOT STEPFATHER IS):	
AND HIS RESIDENTIAL ADDRESS IS:	
6. THE NAME OF MINOR'S MOTHER(NOT THE STEPMOTHER) IS:	
AND HER RESIDENTIAL ADDRESS IS:	
7. THE MINOR RESIDES AT:	
8. THE REASON WHY THE FATHER IS UNAVAILABLE TO ACT AS GUARDIAN IS:	
9. THE REASON WHY THE MOTHER IS UNAVAILABLE TO ACT AS GUARDIAN IS:	

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10. I declare that I am capable of exercising the necessary control over the Minor for all the purposes of a Contract of Apprenticeship
11. I am prepared to accept this appointment to act in the place of his/her guardian for all purposes of any Contract of Apprenticeship which may be registered or noted between the Minor and any employer

12. MY OCCUPATION IS:	
13. I AM EMPLOYED BY	
AT(ADDRESS):	

14. I know and understand the contents of this declaration. I have no objection to taking the prescribed oath and consider it binding on my conscience.

Signed in the presence of a Commissioner of Oaths/ Justice of Peace:

(Sign)	Date
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I certify that the deponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me, and that the deponent's signature / mark was placed thereon in my presence.

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**Commissioner of Oaths/Justice of the Peace**

FULL NAME:	
ADDRESS:	
DESIGNATION/RANK:	
PLACE:	
DATE:	