REPUBLIC OF SOUTH AFRICA

FORM 9

[Regulation 10]

AFFIDAVIT FOR PURPOSES OF FURTHER WARRANT OF ARREST

SECTION 8(3) OF THE DOMESTIC VIOLENCE ACT, 1998 (ACT NO.116 OF 1998)

IN THE MAGISTRATE'S COURT FOR THE DISTRICT OF _____

HELD AT _____ APPLICATION NO._____/_____

In the matter between:

APPLICANT: _____

(*Id.No./Date of Birth:_____)

AND

RESPONDENT: _____

(*Id.No./Date of Birth:_____)

PART A : AFFIDAVIT (To be completed by complainant)

1. PARTICULARS OF COMPLAINANT

Surname :	
Full names :	
Id.No / Date of birth :	
Home or temporary address :	
Home/contact telephone number :	
Work address :	
Work telephone number :	
Occupation :	

2. PARTICULARS OF PROTECTION ORDER

A protection order was granted and a warrant of arrest authorised on :	(Date)
In the Magistrate`s Court at :	
Against :	(Name of Respondent)

3. PARTICULARS OF RESPONDENT

Surname :	
Full names :	
Id.No / Date of birth	
Home address :	
Home telephone number :	
Work address :	
Work telephone number :	

4. PARTICULARS OF APPLICATION

4.1 I require a *second/further warrant of arrest for my protection.

4.2. The existing warrant of arrest has been -

(a) *executed and cancelled; or

(b)*lost / destroyed, under the following circumstances:

_____

_____

_____ .

_____ _____

Signature of Deponent Date

***Delete whichever is not applicable**

PART B : CERTIFICATION (for official use)

I hereby certify that before administering the *oath / taking the affirmation I asked the Deponent the following questions and noted *her/his answers in *her/his presence as indicated below:-

(a) Do you know and understand the contents of the above declaration?
Answer _____.

(b) Do you have any objection to taking the prescribed oath?
Answer _____.

(c) Do you consider the prescribed oath to be binding on your conscience?
Answer _____.

I hereby certify that the Deponent has acknowledged that *she/he knows and understands the contents of this declaration which was *sworn to / affirmed before me, and the Deponent's *signature / thumb print / mark was placed thereon in my presence.

Dated at _____ this ____ day of _____ year ____.

_____

Justice of the Peace / Commissioner of Oaths

Full Names_____

Designation_____

Area for which appointed_____

Work Address _____

_____

_____

***Delete whichever is not applicable**