

# University of KwaZulu-Natal

## Risk Management Services

### STATEMENT

SA POLICE STATION: \_\_\_\_\_

RMS IR NO: \_\_\_\_\_

CASE NO: \_\_\_\_\_

---

The purpose of requesting this statement is to provide you with an opportunity to state your version / involvement in respect of the events of the incident. You are obliged to make any statement, however if you elect to make a statement, you are cautioned that the statement may be presented as evidence before any criminal proceedings and may also be tendered as evidence.

I, NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ID NO: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

STAFF / STUDENT NUMBER: \_\_\_\_\_ FACULTY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ COURSE: \_\_\_\_\_

TELEPHONE (OFFICE): \_\_\_\_\_ (HOME): \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**STATES: I am in my sound and sober senses, and that I make this statement which I believe to be true to the best of my knowledge and belief freely and voluntarily, and without undue influence:**

---

---

---

---

---

---

---

---

---

---





Statement continued:

- 1) I know and understand the contents of the above.
- 2) I have no objection to taking the prescribed oath.
- 3) I consider the oath as binding on my conscience.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEPONENT

I certify that the deponent has acknowledged that he / she knows and understands the contents of this statement, which was signed in my presence.

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

\_\_\_\_\_  
COMMISSIONER OF OATH

<b><u>FOR OFFICE USE ONLY</u></b>					
<b><u>ADDITIONAL INFORMATION FOR STATISTICAL PURPOSES ONLY:</u></b>					
<i>Tick the Appropriate Block</i>					
<b>1</b>	<b>RACE:</b>	ASIAN	BLACK	COLOURED	WHITE
<b>2</b>	<b>GENDER:</b>	MALE	FEMALE	<b>AGE:</b>	
<b>3</b>	<b>NATIONALITY:</b>	_____			
<b>4</b>		LOCAL STUDENT	INTERNATIONAL STUDENT		
<b>5</b>		OPPADANI	RES STUDENT	<b>NAME OF RES:</b>	
<b>6</b>	<b>FACULTY:</b>		POST GRADUATE	UNDER GRADUATE	