



AFFIDAVIT

NAME AND SURNAME :

ALIYAH BEENARD

ID NUMBER :

9108040153084

ADDRESS:

4701 DE AAR ZICHT LIFESTYLE ESTATE
GIEL BASSON DRIVE & ROOIHUWEL ROAD

TELEPHONE NR :

084295 0912

STATES UNDER OATH IN ENGLISH: ON THE 6th OCTOBER 2024, A MESSAGE WAS POSTED IN OUR RESIDENT WHATSAPP GROUP THAT A PUPPY WAS FOUND DEAD IN THE YARD AFTER FALLING FROM HEIGHT, AFTER BEING LEFT ON THE BALCONY. ON THE 24th OCTOBER 2024, ANOTHER PUPPY HAD FALLEN FROM THE SAME UNIT. MY HUSBAND AND I WENT TO ASSIST BY TAKING THE PUPPY TO THE VET, AND PAID THE VET BILL. ~~THE~~ ~~AT~~ WE WERE INFORMED FURTHER TREATMENT COULD NOT BE DONE WITHOUT OWNER'S PERMISSION. ESTATE MANAGER WAS INFORMED AND ADVISED THE OWNER WHO THEN WENT TO TAKE THE UNTREATED PUPPY FROM THE VET. AT ABOUT 8pm ON THE SAME DAY MY HUSBAND SPOKE WITH THE OWNER REQUESTING FOR THE PUP TO BE TREATED, HE DID NOT WANT TO TAKE THE PUPPY AND HANDS HIM TO MY HUSBAND. WE TOOK THE PUPPY BACK

I know and understand the contents of this statement

I have no objection to taking the prescribed oath

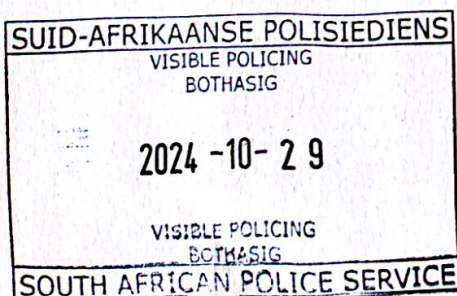
I consider the prescribed oath to be binding on my conscience

1 of 2

SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she understands the contents of the statement. The statement was sworn to before me and the deponent's signature/thumb print was placed thereon in my presence at BOTHASIG

2024 - 10 - 29 AT 14:50



Commissioner of Oaths

Name and Surname

SAPS, STEENOVEN STR

BOTHASIG

Rank

Rank



AFFIDAVIT

NAME AND SURNAME : ALYAN BEANARD
ID NUMBER : 9108040153084
ADDRESS : 4701 DE PAN ZICHT LIFESTYLE ESTATE
GIEL BASON DR
TELEPHONE NR : 0842950912

STATES UNDER OATH IN ENGLISH: TO THE VET AND HE STAYED THERE
UNTIL 28th OCTOBER 2024. ALL BILLS WERE SETTLED BY
MY HUSBAND AND I. THE SPCA HAS BEEN INFORMED AND ALL
PARTIES ARE REQUESTING THAT OTHER DOGS LEFT IN THAT MAN'S
CARE BE REMOVED. AS THEY ARE LEFT ON THE 3RD FLOOR ON
THE BALCONY WITHOUT ANY FENCE OR BARRIER TO PREVENT
THE DOGS FROM FALLING. THE PUPPY IS CURRENTLY IN MY
CARE AS HE HAS A FRACTURED PELVIS AND REQUIRES FULL TIME
CARE.

I know and understand the contents of this statement
I have no objection to taking the prescribed oath
I consider the prescribed oath to be binding on my conscience

2 of 2

Alvan
SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she understands the contents of the statement. The statement was sworn to before me and the deponent's signature/thumb print was placed thereon in my presence at BOTHASIG
2024 - 10 - 29 AT 14:50

Alvan
Commissioner of Oaths

Alvan
Name and Surname
SAPS, STEENOVEN STR
BOTHASIG
Rank

