

12 Verification

I/We , the applicant, in the capacity of
do hereby declare that what is stated above is true to the best of my/our information and belief.

I/We have enclosed (number of documents) in support of proposed changes/corrections.

Place

	D	D	M	M	Y	Y	Y	Y
Date	0	5	0	9	2	0	2	3

Signature / Left Thumb Impression of Applicant (inside the box)