



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

Date 

	D	D	M	M	Y	Y	Y	Y

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