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GOVERNMENT GAZETTE, 31 JULY 199	GOV	ERNMENT	GAZETTE.	31	JULY	1992
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No 14196 17

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	statement and any question put to the deponent by the mamper.
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5.	
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	hereby certify that before the deponent affixed 'his/her mark, thumbprint or signature to this form, I read the statement to 'him her and informed 'him/her that it is an offence wilfully to furnish information or make a statement which is false or misleading.
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- State name and surname of witness/prospective witness.
- State name and surname of members of the family/household in respect of whom protective custody is required.
- state relationship.
- State particulars of the person/persons who threatens/threaten the safety of the person-persons in respect of whom protective custody is required (if known).
- State the circumstances as a result of which protective custody is required (e.g. death threat)
- State date of trial (if known).
- e) State place of trial (if known).
- n) State name of person who committed the offence (if known).
- State offence referred to in Schedule 1 to the Criminal Procedure Act, 1977, or the offence of bribery, extortion, defeating the ends of justice or perjury.
- Delete whichever is not applicable.

P.19/20

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18 No. 14196

(Address of employment)

STAATSKOERANT, 31 JULIE 1992

FORMB

AUTHORIZATION BY WITNESS OR PROSPECTIVE WITNE	SS TO BE DETAINED IN OR PLACED LINDER
PROTECTIVE CUS	TODY

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misleading		edge, true, complete and correct a r make a statement which is false
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(Signature of official)	······································	
(Full name)		4
[Designation (Rank)]		
(Address of employment)		
Remarks:		
Attach medical certifica	fe (if available).	
 Delete whichever is not 	applicable.	
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s) State place where the authorization was given.

* Delete whichever is not applicable.

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20	No. 14198 STAATSKOEF ANT. 31 JULIE 1992
5.	hereby certify that I have interpreted truly and to the best of my abilities correctly in relation to the contents of this statement and any question put to the deponent by the member.
	(Signature of interpreter)
	(Full name)
	[Designation (Rank)]
	(Address of employment)
6.	hereby certify that before the deponent attixed this her mark, thumbprint or signature to this form. I reso the statement to thim/her and informed thim/her that it is an offence wilfully to furnish information or make a statement which is false or misleading.
	(Signature of officer)
	(Full name)
	[Designation (Rank)]
	(Address of employment)
	** State name of the member of the family or household of the witness or prospective witness who requires protection.
	State relationship to witness or prospective witness.
	State name of witness or prospective witness. Attach medical certificate (if available).
	Delete whichever is not applicable.
	FORM D
	APPLICATION FOR DISCHARGE FROM DETENTION/WAIVER OF PROTECTION
Whe	ereas I
atlbe	horization on
	(Signature/mark/thumbprint)
	(Signature/mark/thumbprint of parent/guardian of above-men- tioned person)
	Remarks:
	State name and surname of detainee/protected person.
	State date of authorization for protective custody.

Collection Number: AK2672

Goldstone Commission BOIPATONG ENQUIRY Records 1990-1999

PUBLISHER:

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