

GOVERNMENT GAZETTE, 31 JULY 1992

No 14196 17

4. I 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)

5. I 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.

(Signature of official)

(Full name)

[Designation (Rank)]

(Address of employment)

Remarks:

- a) State name and surname of witness/prospective witness.
- b) State name and surname of members of the family/household in respect of whom protective custody is required.
- c) State relationship.
- d) 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).
- e) State the circumstances as a result of which protective custody is required (e.g. death threat).
- f) State date of trial (if known).
- g) State place of trial (if known).
- h) State name of person who committed the offence (if known).
- i) 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.

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FORM B

AUTHORIZATION BY WITNESS OR PROSPECTIVE WITNESS TO BE DETAINED IN OR PLACED UNDER PROTECTIVE CUSTODY

1. I,

Witness/prospective witness, hereby give authorization that I—

(i) be detained in protective custody;

or

(ii) be placed under protective custody.

2. I have the following physical injuries:

.....
.....
.....

3. I,

hereby declare that the above-mentioned information is, to the best of my knowledge, true, complete and correct and that I am aware of the fact that it is an offence if I wilfully furnish information or make a statement which is false or misleading.

.....
(Signature/mark/thumbprint of deponent)

4. I,

parent/guardian of the above-mentioned witness, hereby give authorization for the above-mentioned person to be so protected.

.....
(Signature/mark/thumbprint of parent/guardian)

5. I,

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)

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6. I, 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 willfully to furnish information or make a statement which is false or misleading.

(Signature of official)

(Full name)

(Designation (Rank))

(Address of employment)

Remarks:

- a) Attach medical certificate (if available).
- * Delete whichever is not applicable.

FORM C

AUTHORIZATION BY A MEMBER OF THE FAMILY OR HOUSEHOLD OR A DEFENDANT OF A WITNESS OR PROSPECTIVE WITNESS OR OF SUCH A MEMBER TO BE DETAINED IN OR PLACED UNDER PROTECTIVE CUSTODY

1. I, a) b) of c) hereby give authorization that I—

- *(i) be detained in protective custody;
- or
- *(ii) be placed under protective custody.

2. I have the following physical injuries:

..... d)

3. I, hereby declare that the above-mentioned information is, to the best of my knowledge, true, complete and correct and that I am aware of the fact that it is an offence if I willfully furnish information or make a statement which is false or misleading.

(Signature/mark/thumbprint of deponent)

4. I, parent/guardian of the above-mentioned person hereby give authorization for the above-mentioned person to be so protected.

(Signature/mark/thumbprint of parent/guardian)

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5. I, 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. I, 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.

.....
(Signature of officer)

.....
(Full name)

.....
(Designation (Rank))

.....
(Address of employment)

Remarks:

- a) State name of the member of the family or household of the witness or prospective witness who requires protection.
- b) State relationship to witness or prospective witness.
- c) State name of witness or prospective witness.
- d) Attach medical certificate (if available).
- * Delete whichever is not applicable.

FORM D

APPLICATION FOR DISCHARGE FROM DETENTION/WAIVER OF PROTECTION

Whereas I, gave authorization on 19..... at that I be detained in place under protective custody, I now make application to be discharged from detention/released from protective custody.

.....
(Signature/mark/thumbprint)

.....
(Signature/mark/thumbprint of parent/guardian of above-mentioned person)

Remarks:

- a) State name and surname of detainee/protected person.
- b) State date of authorization for protective custody.
- c) State place where the authorization was given.
- * Delete whichever is not applicable.

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