



**Free Health Schemes
(Public Private Partnership Scheme - General Practitioners, Dental
Practitioners and Medical Laboratories Services)**

(Section F for E-Application Form)

Section F. Declaration Signature

I, (full name)

of, (residential address)

solemnly and sincerely declare that the information contained in this form is true and correct and I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act (Cap.43).

Declared at _____

this _____ day of _____ 2023

before me and I certify that the declaration was read over in thelanguage to the declarant who appeared to fully understand the meaning thereof.

Signature of Applicant:

Signature of Witnessing Officer (Commissioner of Oath / Justice of Peace / Advisory Councilor / District Officer / Divisional Commissioner) by virtue of the Statutory Declaration Act (Cap. 43)

Name:

Office Held: