



REPUBLIC OF SOUTH AFRICA

**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:

.....  
.....  
..... a)

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)

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 official)

.....

(Full name)

.....

[Designation (Rank)]

.....

.....

.....

.....

(Address of employment)

**Remarks:**

a) Attach medical certificate (if available).

\* Delete whichever is not applicable.