**AFFIDAVIT**

I, **[Full Name]**, S/o or D/o **[Father’s/Mother’s Name]**, aged **[Age]** years, residing at **[Full Address]**, do hereby solemnly affirm and state as follows:

1. That I am the **Priest/Granti/Pandit** of the **[Name of the Worship Place]**, situated at **[Full Address of the Worship Place]**, and duly authorized by the Committee managing the said place of worship.
2. That the management and affairs of the above-mentioned worship place is administered by a duly constituted Committee named **[Name of the Committee, if any]** (hereinafter referred to as “the Committee”).
3. That the Committee, in its meeting held on **[Date of Meeting]**, has unanimously resolved to nominate and authorize **Mr./Ms. [Nominee’s Full Name]**, S/o or D/o **[Nominee's Father's/Mother's Name]**, aged **[Age]** years, residing at **[Nominee’s Full Address]**, to receive the cheque(s) or other financial assistance/donations issued in the name of the worship place/committee, on its behalf.
4. That the above-mentioned nominee is a trustworthy and responsible individual, and the Committee has full confidence in his ability to receive and manage the funds on behalf of the worship place and its Committee.
5. That this affidavit is made to formally declare that no bank account exists in the name of the **(worship place)** and notify the said nomination to Auqaf, Hajj, Religious & Minority Affairs Department, Khyber Pakhtunkhwa.
6. That the Committee, the nominated person, and I shall be jointly responsible for ensuring that the amount received is utilized solely for the purpose of celebrating religious festivals, and under no circumstances shall it be used for any personal gain or unauthorized purpose.
7. That the Committee and I, as its authorized representative, undertake full responsibility for the receipt and utilization of such cheque(s)/funds received by the nominee, and indemnify the issuing Authority from any liability thereafter.
8. That this affidavit is true and correct to the best of my knowledge and belief and no fact has been concealed.

**DEPONENT**

(Signature)
[Full Name]
Designation: **[Priest/Granti/Pandit]**
[Name of Worship Place/Committee]
Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Witness 1 Witness 2**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verification**

Verified at **[City]** on this **[Date]** day of **[Month, Year]**, that the contents of this affidavit are true and correct to my knowledge and belief and nothing material has been concealed.

**DEPONENT**
(Signature)

**Additional Notes:**1.Attach a copy of the committee resolution on stamp paper. 2. CNIC of Committee Members 3. ID proof of the Nominee 4. Use official Letter Head 5. Attach Committee recommendation of Nomination