



7. Further, I [make oath and say] [solemnly and sincerely affirm and declare] as follows –

(a)

*(state concisely and in consecutively numbered paragraphs the material facts relied on to support the response, and comply with Part 2, Division 2, Subdivision 5 of the rules); and*

(b)

*(set out concisely and in consecutively numbered paragraphs the material facts relied on to support the counter claim, and comply with Part 2, Division 2, Subdivision 5 of the rules).*

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

*(if the affidavit extends over more than 1 page, at the foot of the first and every other page except the last:)*

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[Signed *(deponent to sign)* ]

[Taken by *(person taking the affidavit to sign)*]

*(At the end of the body of the affidavit:)*

*(Signature of deponent)*

Deponent

[**SWORN**][**AFFIRMED**] by the deponent at

*(place)*

on

*(day, month and year)*

before me

*(Signature)*

*(print name)*

[Justice of the peace][commissioner for declarations][lawyer] *(or other)*

**TO APPLICANT [AND OTHER PARTIES]:**

**TAKE NOTICE** that if you wish to oppose this response or counter claim or to argue that any different decision should be made you must attend before the [court], [full bench][commission] or [registrar] in person or, if appropriate, by your lawyer or agent at the time on the date and at the place fixed by the registrar and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you.

(Last page)

PARTICULARS OF THE RESPONDENT *(the following information must be provided)*

Name:

Organisation, corporation, association department etc:

Residential or business address:

**Respondent's address for service:**

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]

[IF RESPONDENT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l) unless previously filed and served)*

Applicant's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF THE APPLICANT *(the following information must be provided)*

Name:

Organisation, corporation, association department etc:

Residential or business address:

**Applicant's address for service:**

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

[IF APPLICANT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any):*]

[IF APPLICANT HAS AN AGENT

Applicant's agent's name:

and corporation or business name:

Agent's business address:

**Address for service:**

Phone:

Fax:

E-mail address: *(if any)*]