

**FORM 10**

**IN THE INDUSTRIAL COURT OF THE REPUBLIC OF BOTSWANA  
HELD AT GABORONE**

**Case No.** \_\_\_\_\_

**IN THE DISPUTE BETWEEN**

**APPLICANT:** \_\_\_\_\_

And

**RESPONDENT:** \_\_\_\_\_

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**RESPONDENT'S ANSWERING AFFIDAVIT**

(in terms of Rule 29(3(b)))

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I the undersigned, \_\_\_\_\_

*(state the names of the person who will sign the affidavit)*

do hereby take oath and swear that:

1. Unless the contrary is expressly stated or the context otherwise suggests, all the matters herein pleaded are within my personal knowledge and information and are true and correct to the best of my information.
2. I am an adult male/female of full legal capacity residing at (state place of residence). I am employed at \_\_\_\_\_ / I am unemployed. My address for the purposes of this action is (state the respondent's postal address/that of the representative of the applicant.
3. I am the respondent in this matter.
4. I have read and understood the applicant's founding affidavit filed in this matter and I answer to that affidavit as follows below.

Ad paragraph 1 thereof

5. \_\_\_\_\_ *(Here provide a detailed response to each specific paragraph of the applicant's founding affidavit. The response must be divided into paragraphs and must, indicate whether or not the respondent agrees with the factual background*

*as set out by the applicant and also whether or not the respondent agrees with the applicant's complaint. Where you do not agree with the applicant, you must state your own side of the case. If there are any documents which support your case, they must be indicated in this portion and the documents must be attached to the affidavit).*

**CONCLUSION**

6. On the basis of all the foregoing, the respondent prays that the application be dismissed.

\_\_\_\_\_  
**DEPONENT**

**SIGNED AND SWORN TO BEFORE ME, THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT.**

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

Full names: \_\_\_\_\_

Rank: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Time: \_\_\_\_\_