

[Your Full Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]

Subject: Affidavit for ZN Visa Application

Dear [Recipient's Name],

I, [Your Full Name], born on [Date of Birth], residing at [Your Address], do hereby declare and affirm the following for the purpose of my ZN visa application:

1. I am the applicant for a ZN visa and am seeking to work in [Country/Region].
2. I fully understand the requirements and responsibilities that come with the issuance of a ZN visa.
3. I have provided accurate and truthful information in all documents submitted with my application.
4. I commit to complying with all laws and regulations of [Country/Region] during my stay.
5. [Include any additional relevant information or circumstances that support your application.]

I understand that any false statements made herein may result in the denial of my visa application and potential legal consequences.

I certify that the information provided in this affidavit is true and correct to the best of my knowledge and belief.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Job Title, if applicable]