

WITNESS FORM

I declare that I am not associated with, related to or have any kind of reservations with the record participants/ organizers, nor have anything to gain from final outcome of the attempt and certifications thereof. Hence, I have acted as a witness of the attempt to be submitted to Golden Book of World Records for record claim.

Witness

Name:.....

Occupation:..... Date of Birth:.....

Address:.....

City: State:.....

Country:..... Mobile No.:.....

Email:.....

Observation:.....

.....

.....

.....

Date:.....

Time:.....

Signature and Stamp

**GOLDEN BOOK OF
WORLD RECORDS**