

STATUTORY DECLARATION

I, _____,
(full name)

of _____,
(address)

_____, **do solemnly and sincerely declare that:-**
(occupation)

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Signature _____
(Of person making declaration - to be signed in front of an authorised witness)

Declared at _____

in the State of Victoria, this _____ day of

_____ 20 _____

Before me,

.

.....
(Signature of authorised witness)

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 [Vic.]
(eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)