Customer Service | 1300 292 872 | (02) 6670 2400 PO Box 816 Murwillumbah NSW 2484 Fax (02) 6670 2429 | ABN 90 178 732 496 tsc@tweed.nsw.gov.au | www.tweed.nsw.gov.au



Statutory Declaration

Ι		[full name] of
Address		City/town
		Postcode
In the state of New South Wales hereby solemnly and sincerely declare that		
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the "Oaths Act of 1900-1953".		
I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the <i>Statutory Declaration Act 1959</i> , and I believe that the statement(s) in this declaration are true in every particular.		
Signature	le true in	Date
De alamad atı		
Declared at:		[place] on [day] of [month] [year]
1	Ifull nam	A JP for NSW certify e of JP] [JP registration number]
[full name of JP] [JP registration number] [*include only the text that applies] 1. *I saw the face of the declarant/deponent OR		
*I did not special ju	t see the fa	ce of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a for not removing it, and
		erson for at least 12 months OR son's identity with
		[describe identification document relied on]
JP Signatu	ıre	Date