State of Victoria

STATUTORY DECLARATION

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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.

Declared at _____

in the State of Victoria, this _____day of

_____20_____

Signature of deponent making this declaration

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 (Miscellaneous Provisions) Act 1958* (as of 1 January 2010), (previously *Evidence Act 1958*), (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)