

Statutory Declaration (Nomination of Driver)

Please complete the details and sign in the presence of an authorised witness (see overleaf for complete list). Please print clearly in ink using **BLOCK** letters.

I, FULL NAME																					
HOME ADDRESS																					
POSTCODE																					
do solemnly and sincerely declare that regarding payment notice number:																					
issued to vehicle registered number:																					
PLEASE TICK ONE																					
	I was the owner of the motor vehicle					REGISTRATION NO.										STATE					
	The company was the owner of the vehicle					REGISTRATION NO.										STATE					
BUT PLEASE TICK ONE I was not the person in charge of the vehicle on the date of the breach on // / 20 The company was not in charge of the vehicle on the date of the breach on // / 20																					
	I/we sold the			,	. (1)	/ 20			whi	ch is	befor	e the b	reach	on		1		/ 2	0		
The name of the person/company in charge of the vehicle																					
and their address is																					
POSTCODE																					
and their contact number is																					
MUST COMPLETE IF THE VEHICLE IS REGISTERED IN A COMPANY NAME I am a POSITION AT COMPANY at COMPANY NAME																					
and	d am authoris	sed to make	and sig	n decla	ration	s on	beh	alf of	the c	compa	any.										
and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1900</i> .																					
Declared at: ADDRESS																					
This		ADDRESS			day	of													20		
																			20		
SIGN, X TELE	Signature of Person Making Declaration SIGNATURE X TELEPHONE in the presence of an authorised witness, who states:									[*please cross out any text that does not apply] 1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and 2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was											
l, F	FULL NAME									DE	SCRIE	BE IDEN	TIFICAT	ION DO	CUMEN	T					
a, P	POSITION/TITLE									Signature of Authorised Witness											
	certify the following matters concerning the making of this statutory declaration by the person who made it:										GNATU							NTE	1	/ 20	

Statutory Declaration

(Nomination of Driver)

Authorised Witnesses

In accordance with the *Oaths Act 1900*, any of the following persons may witness the signing of a statutory declaration within New South Wales:

- the Registrar-General
- a Deputy Registrar-General
- · a Justice of the Peace
- · a notary public
- · a commissioner of the court for taking affidavits
- an Australian legal practitioner authorised by section 27 (1) of the Oaths Act 1900 to take and receive any affidavit
- any other person by law authorised to administer an oath.

WARNING

It is a criminal offence to provide a false declaration. Where Care Park has evidence that indicates the content of a statutory declaration is untrue, it is company policy to **refer the matter to police for investigation and prosecution**.