

## **Statutory Declaration**

ABN 47 083 921 215

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	l sincere	ly dec	lare t	hat r	egar	ding	Payr	ment	Noti	ice nu	ımber	r:								
iss	ued to vehicl	e registe	red nu	ımbe	r:																
and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the <i>Oaths Act</i> 1867.														ons							
De	clared at:	ADDRESS																			
Tł	nis				d	lay of													20		
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SIC	NATURE								FULL NA												
ř											ON/TITLE										
TE	LEPHONE								*	SIGNAT	UKE										

## **Statutory Declaration**

## **Authorised Witnesses**

In accordance with the *Oaths Act* 1867, any of the following persons may witness the signing of a statutory declaration within Queensland;

- a Justice, commissioner for declarations or notary public under the law of the State, the Commonwealth or another State; or
- · a lawyer; or
- a conveyancer, or another person authorised to administer an oath, under the law of the State, the Commonwealth or another State.

## **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**.