

Statutory Declaration

When completing the statutory declaration you must declare that you have retired from the workforce due to invalidity as long as this is the case. You should only make a declaration if what you are declaring is true and correct.

I do solemnly and sincerely declare that:

and that the information contained in this claim is true, and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of Parliament of Victoria rendering making false declaration guilty of wilful and corrupt perjury.

Declared at

Signed

Date

 / /

Before me (please sign)

Official witness's title (must be from list below) or their stamp.

Please Note:

(i) Under s314 (3) of the Crimes Act 1958 (Vic), making a false declaration under a Statutory Declaration is deemed to be perjury, punishable by imprisonment for up to 15 years.

(ii) Under s107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 24 August 2011), (previously Evidence Act 1958), reads :

Any of the following persons may witness the signing of a statutory declaration:

1. Barrister or Solicitor of the Supreme Court.
2. Clerk to a Barrister or Solicitor of the Supreme Court.
3. Registrar or Deputy Registrar of the County Court.
4. Principal Registrar of any Magistrates Court.
5. Member of the Parliament of the Commonwealth or Parliament of Victoria.
6. Legally qualified Medical Practitioner.
7. Councillor of any municipality.
8. Town Clerk or Shire Secretary.
9. Principal in the teaching service.
10. Secretary of any Building Society.
11. Minister of Religion authorised to celebrate marriages.
12. Member of the Police force.
13. Justice of the Peace.
14. Dentist.
15. Manager of a Bank.
16. Pharmacist.
17. Member of the Institute of Chartered Accountants of the Australian Society of Accountants of the National Institute of Accountants.

Your Payment Details

Electronic Funds Transfer

Please Note: We depend on the accuracy of the details you are providing to us. If insufficient bank details are provided, a cheque will be forwarded to your address.

Authority to pay direct to bank account

Name of Bank

Branch

BSB No / (must be a 6-digit number)

 /

Bank Account No (not card number)

Type of bank account

Name(s) in which account is held

(You must be a party to this account)

Confirmation and signature

I confirm that all information provided on this form is correct.

Signed

Date

 / /