





# CARRATHOOL SHIRE COUNCIL

9-11 Cobram Street Goolgowi NSW 2652  
PO Box 12 Goolgowi NSW 2652  
Ph: 6965 1900 Fax: 6965 1379  
Email: council@carrathool.nsw.gov.au

## STATUTORY DECLARATION OATHS ACT, 1900, NINTH SCHEDULE

### Access Sec57 PPIPA

Declaration	
I, the undersigned <sup>(1)</sup>	(1) Insert full name
of <sup>(2)</sup>	(2) Insert address
In the State of New South Wales, do solemnly and sincerely declare that:	
I am <sup>(3)</sup>	(3) Insert relationship, if any, to person inquired about
I seek to know whether <sup>(4)</sup>	(4) Insert name
is on the public register of <sup>(5)</sup>	(5) Applicant to describe the relevant public register
The purpose for which I seek this information is <sup>(6)</sup>	(6) Insert purpose for seeking information
The purpose for which the information is required is to <sup>(7)</sup>	(7) Insert purpose
And I make this solemn declaration, in accordance with the <i>Oaths Act 1900</i> , and subject to the punishment by law provided for the making of any wilfully false statement in any such declaration.	
Declared at ( <i>place</i> )	On ( <i>date</i> )
Signature	Name
	
In the presence of an Authorised Witness, who states: I, (name of Authorised Witness) ..... a (qualification of Authorised Witness) .....	
Certify the following matters concerning the making of this statutory declaration by the person who made it: (* <i>please cross out any text that does not apply</i> )	
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 know the person for at least 12 months, but I can confirm the person's identity using an identification document and the document I relied on was
Identification document relied on	
Signature of Authorised Witness	
	Date: / /