Form 10-1221 **Statutory Declaration**

**New South Wales, Oaths Act 1900, Eighth Schedule**

resident of

, solemnly and sincerely declare that —

1. My Given name from birth is .

2. My surname from birth is

3. My full name has been recorded in given name on my

indian passport number and surname has been left blank due to an error.

4. I am one and the same person as on indian passport

number

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| and make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths Act 1900.  Made and subscribed at *[place]* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  in *[State or Territory]*. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . on *[date]* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  in the presence of *[full name]*. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  of *[residential address]* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ,  🞎 Justice of the Peace (J.P. Number ) 🞎 Practising Solicitor  🞎 Other qualified witness *[specify]* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ,  who certifies the following matters concerning the making of this statutory declaration by the person who made it**:**  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 a  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . *[Omit ID No.]*  Signature of witness**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .** Signature of declarant**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**  \* *Cross out the words which do not apply.* |
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