

SCHEDULE 4

Do not fill in this section unless you were unable to provide proof of identification, as set out in Section 7 of this Application.

REFEREE STATUTORY DECLARATION 1 for STOLEN WAGES REPARATION SCHEME WA

I (full name of Referee) _____

of (current street address) _____

Suburb / Town _____ State _____ Post Code _____

Occupation _____
(compulsory requirement under the Oaths, Affidavits and Statutory Declarations Act 2005)

Phone _____

Email _____

Mobile _____

do sincerely declare as follows:

1. I am not related by birth or marriage to the Applicant _____
(name of Applicant)
of (address) _____
2. I have known the Applicant for at least 12 months.
3. To the best of my knowledge, information and belief, the Applicant is the person he/she declares to be.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

at _____
(place)

on _____
(date)

In the presence of –

(Signature of Authorised Witness)

(Name of Witness)

(Qualification as Witness)

by
(Signature of person making the declaration)

SCHEDULE 4

Do not fill in this section unless you were unable to provide proof of identification, as set out in Section 7 of this Application.

REFEREE STATUTORY DECLARATION 2 for STOLEN WAGES REPARATION SCHEME WA

I (full name of Referee) _____

of (current street address) _____

Suburb / Town _____ State _____ Post Code _____

Occupation _____

(compulsory requirement under the *Oaths, Affidavits and Statutory Declarations Act 2005*)

Phone _____

Email _____

Mobile _____

do sincerely declare as follows:

4. I am not related by birth or marriage to the Applicant _____
(name of Applicant)

of (address) _____

5. I have known the Applicant for at least 12 months.

1. To the best of my knowledge, information and belief, the Applicant is the person he/she declares to be.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

at _____
(place)

on _____
(date)

In the presence of –

(Signature of Authorised Witness)

(Name of Witness)

(Qualification as Witness)

by _____
(Signature of person making the declaration)