AFFIDAVIT OF [NAME] [DATE]

**COURT or COMMISSION DETAILS**

Court or Commission Case number

Appellant/Applicant/Notifier/Prosecutor **[name]**

**TITLE OF PROCEEDINGS**

Respondent/Defendant **[name]**

**FILING DETAILS**

Filed for **Appellant/Applicant/Notifier/Prosecutor or Respondent/Defendant [choose one]**

#Representative [Name of representative] [industrial organisation or firm]

Contact address [address]

Contact name and number [name] [telephone]

Contact email [email address]

[on separate page]

**AFFIDAVIT**

Name Address Occupation Date

I [#say on oath #affirm]:

#I am [role of deponent].

[state information to be included in the affidavit in numbered paragraphs].

#SWORN #AFFIRMED at

Signature of deponent Name of witness Address of witness

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

1. #I saw the face of the deponent. [OR, delete whichever option is inapplicable]

#I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.

1. #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable] #I have confirmed the deponent’s identity using the following identification document:

Identification document relied on (may be original or certified copy)

Signature of witness

Note: The deponent and witness must sign each page of the affidavit.