

* Please cross out any text that does not apply

I, , a , certify:
[insert full name of authorised witness] [insert qualification to be authorised witness]

1. *I saw the face of the declarant/deponent OR

*I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I

am satisfied that he/she had a special justification for not removing it, and

2. *I have known the person for at least 12 months OR

*I confirmed the person's identity with
[describe identification document relied on]

..... ,
[insert signature of authorised witness] [date]