Statutory DeclarationOATHS ACT 1900, NSW, NINTH SCHEDULE

	declarant]	[residence]
	nly and sincerely declare that	[]
a.		rstood the information supplied in the Information Sheet for Locally
b.	all information and documents provided are co	omplete, correct and up-to-date;
c.		formation as indicated in the Information Sheet for Locally Experience to Registration Board (NSWARB) is unable to complete its assessment to the status of my application;
d.	I authorise the NSWARB to make any enquirie any information supplied in my application for	es necessary to assist in the assessment of my qualifications and to that purpose;
e.	I consent to the release of any information pro	ovided to a state or territory architects registration authority;
f.		isleading information may result in: or Territory architects registration authority; and/or any opinion provided relating to your application; and
g.	I agree to inform the NSWARB of any changes considered.	s to my circumstances (e.g. address) while my application is being
– a	and subject to the punishment by law provided for	er (or matters) aforesaid, according to the law in this behalf made r any wilfully false statement in any such declaration.
– a	and subject to the punishment by law provided for	er (or matters) aforesaid, according to the law in this behalf made r any wilfully false statement in any such declaration. on
– a	and subject to the punishment by law provided for eclared at:	r any wilfully false statement in any such declaration.
- a De	eclared at:	r any wilfully false statement in any such declaration. on
- a De	eclared at:	r any wilfully false statement in any such declaration. [date] [signature of declarant]
- a Definit	clared at:	r any wilfully false statement in any such declaration. on
n t l,	clared at:	[signature of declarant] [qualification of authorised witness**] of this statutory declaration any such declaration.
- a Definition of the second o	the presence of an authorised witness**, who sta [name of authorised witness]** rtify the following matters concerning the making please cross out any text that does not apply belowed.	[date] [signature of declarant] [qualification of authorised witness**] of this statutory declaration by the person who made it:
in t I, cer [* # *I s but *I h	the presence of an authorised witness**, who sta [place] [name of authorised witness]** rtify the following matters concerning the making please cross out any text that does not apply belowant to be a saw the face of the person OR *I did not see the total am satisfied that the person had a special justice.	[date] [signature of declarant] [qualification of authorised witness**] of this statutory declaration by the person who made it: ow] e face of the person because the person was wearing a face covering ification for not removing the covering, and R *I have not known the person for at least 12 months, but I have
in t l, cer /* F *I s but *I h cor	the presence of an authorised witness**, who sta [place] [place] the presence of an authorised witness**, who sta [name of authorised witness]** rtify the following matters concerning the making please cross out any text that does not apply belowed a saw the face of the person OR *I did not see the tI am satisfied that the person had a special justion have known the person for at least 12 months On onfirmed the person's identity using an identification.	[date] [signature of declarant] [qualification of authorised witness**] of this statutory declaration by the person who made it: ow] e face of the person because the person was wearing a face covering ification for not removing the covering, and R *I have not known the person for at least 12 months, but I have

^{**} Justice of the Peace or a Legal Practitioner