Statutory Declaration
OATHS ACT 1900, NSW, NINTH SCHEDULE

I, ... , of ……………………………………………………………

[name of declarant]   *[residence]*

as the sole trader of …………………………………………………………………………………………….

[sole trader ABN and business name]

[*please cross out the paragraph that does not apply]

1. *derive 51% or more of my income from the above-mentioned business, pursuant to the requirements of the guidelines published on the Service NSW website for the

    ……………………………………………………………………………………………………,

    [insert the program's full title including the month(s)]

2. *derived 51% or more of my income from the above-mentioned business immediately

    before the ……………………………………………………………………………………………

    [insert the name of the disaster including the AGRN]

    and would have continued to derive the majority of my income from the business had it not been for this event, pursuant to the requirements of the guidelines published on the Service NSW website for the …………………………………………………………………,

    [insert the program's full title including the month(s)]

and I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: .... on ....

[place]   *[date]*

....

[signature of declarant]

in the presence of an authorised witness, who states:

I, ... , a ....,

[name of authorised witness]   *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[** please cross out any text that does not apply]*

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[1] for not removing the covering, and

2. **I have known the person for at least 12 months *OR* **I have confirmed the person's identity using an identification document and the document I relied on was

    …………...………………………………..

    [describe identification document relied on]

    ....

    [signature of authorised witness]   *[date]*

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[1] The only "special justification" for not removing a face covering is a legitimate medical reason (as at September 2018)