

STATUTORY DECLARATION

I,
(full name)

of
(address)

occupation.....do solemnly and sincerely declare that:

1. As a facilitator or business owner under the banner of Rod Catterall & Associates, I agree to be bound by their 'National Code of Practice'
2. I understand, acknowledge, accept and agree that should I breach the National Code of Practice' then my insurance cover will be revoked.
3. I understand, acknowledge, accept and agree that should my first aid or insurances lapse or I obtain a conviction against my name, my terms and conditions of being insured under Rod Catterall & Associates will be revoked and all such privileges in conducting business and providing services under Rod Catterall

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at

in the state of Victoria, this day of, 200

by.....

Signature of person making this declaration.
(to be signed in front of an authorized witness)

Before me.....

Signature of authorized witness

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 (Vic).
(Eg Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist.)