|  |
| --- |
| AFFIDAVIT |
|  | NO: OF 20 |
| **Affidavit of:**(*name of deponent*) |   |
| **Address:** |  |
| **Occupation:** |  |
| Details of affidavit |
| **Made on behalf of:**(*Name the person or applicant on whose behalf the affidavit was made)* |  |
| Filed in support of:(*Refer to the application that the affidavit supports and include the date of the application)* |  |
| **Date affidavit was sworn/affirmed:** |  |
| **Affidavit prepared by:** |  |
| Name: |  |
| Firm: |  |
| Street Address: |  |
| Telephone No: |   | Fax No: |  |
| Email address: |  |
| Reference No. |  |
| **Signature of applicant or lawyer** | …………………………………………Applicant / Applicant’s lawyer | Date:  |

**AFFIDAVIT**

[\*Insert table of contents if affidavit (including annexures) exceeds 10 pages]

**Contents**

| **Document number** | **Details** | **Paragraph** | **Page** |
| --- | --- | --- | --- |
| 1 | Affidavit of [deponent] |       |       |
| 2 | Annexure “[AB1]”, being copy of [brief description]  |       |       |
| 3 | Annexure “[AB2]”, being copy of [brief description] |       |       |

I [name address and occupation] [\*either]say on oath [\*or]affirm:

1. [State which answers are true based on your own knowledge and which are true to the best of your knowledge, information and belief based on your inquiries of relevant persons].

**[Insert headings to identify subject matter in paragraph(s).]**

1. 1.
2.

|  |  |  |
| --- | --- | --- |
| Sworn / Affirmed by the deponentat [place]in [State or Territory]on [date]Before me: | ))))) |  |
| Signature of deponent |
|  |  |  |

Signature of witness

[Name and qualification of witness]

[\* Delete if inapplicable]