STATUTORY DECLARATION

On completion, this form ('ORIGINAL') and certified copies of all supporting documents are to be mailed to the postal address of:

DEPARTMENT OF TREASURY, LOCKED BAG 11, CLOISTERS SQUARE, PERTH WA 6850

| Ι, | | Date of Birth: | |
|---|---|--|--|
| (Please state your full name) | | | |
| of | | | |
| (Please state your current postal address) | | | |
| Telephone: | Email: | | |
| do solemnly and sincerely declare I am e | entitled to claim: | | |
| | | | |
| the full amount of – AUD\$ | | | |
| or my share, being – AUD\$ | or | % | |
| (Insert the amount/share/percentage that you are o | claiming. Note - An authority is l | required to claim any share of monies not due directly to you (see below)) | |
| being money due to (Payee) – | | | |
| (Insert the name of the Payee/Owner | Name due this money as li | sted in WA Unclaimed Money Register records) | |
| of the address | | | |
| (Insert the Payee's addre | ess location as listed in WA | Unclaimed Money Register records) | |
| by (Payer) – | | | |
| (Insert the name of the Payer/Source (i.e. organi | isation) that money originate | d from as listed in WA Unclaimed Money Register records) | |
| with payment to be issued to the followi | ng BANK ACCOUNT: | | |
| Bank Name: SWIFT/BIC/BSB Number: | | FT/BIC/BSB Number: | |
| | International Bank Account Number (IBAN) or | | |
| Account Name: | Account Number: | | |
| | | 1959, and subject to the penalties provided by that Act fo believing the statements contained in this declaration to be | |
| Signature of DECLARANT— The person maki | ng this claim must sign belo | N AND provide the date of signing. | |
| | | | |
| Ordinary Signature of Declarant: | | Date: | |
| | Гeacher, Public Servant (5 у | section. Qualified Witnesses include JP, Member of Parliament, ears minimum service), Postmaster, Bank Officer (5 years reasury Internet site. | |
| Declared at: | Name: | | |
| (the location document witnessed at) | (Please state Witness | name) | |
| This day of | Qualification: | | |
| (Please state day, month and year document witnesse | ed) (Please state Witness | qualification) | |
| Before me: | Address: | | |
| | (Please state Witness | current address, telephone and email) | |
| Signature of Authorised Witness | Phone: | Email: | |
| | ginal documents) must be at | rting documents all 'CERTIFIED' by the Witness as a true copy of tached. Your documents need to match the Treasury records of | |
| ☐ Only send 'CERTIFIED COPIES' of supporting do | cuments, signed and certifie | d by authorised witness as a true copy of the original document. | |
| | | cence, Passport, Signed Australian Government Department of | |
| | | rtificate issued by the Registry of Births, Deaths & Marriages). dress or Payer/Source of the money as listed in WA Unclaimed | |
| If applicable, certified copies of documents that co Deceased Estate – Death Certificate and Grant of | Probate, Will, Letters of Adr | noney on behalf of another person/organisation. For example: ministration. son and a certified copy of other person personal identification | |
| | , | on with the organisation, authority to claim for the organisation | |

ALL PAGES of supporting documentation must be signed by the Witness Claims will not be approved if the necessary 'CERTIFIED COPIES' of attachments are not provided

Change of name – Registered Marriage Certificate, Registered Change of Name Certificate or Australian Court Order.