**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**

**I,** Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

*(Please state your full name)*

## ****of**** Click or tap here to enter text.

***(Please state your current postal address)***

**Telephone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**do solemnly and sincerely declare I am entitled to claim:**

**the full amount of – AUD$** Click or tap here to enter text.

**or my share, being – AUD$** Click or tap here to enter text. **or** Click or tap here to enter text. **%**

*(Insert the amount/share/percentage that you are claiming. Note - An authority is required to claim any share of monies not due directly to you (see below))*

**being money due to (Payee)** – Click or tap here to enter text.

*(Insert the name of the Payee/Owner Name due this money* ***as listed in******WA Unclaimed Money Register*** *records)*

**of the address** Click or tap here to enter text.

*(Insert the Payee’s address location* ***as listed in******WA Unclaimed Money Register*** *records)*

**by (Payer) –** Click or tap here to enter text.

*(Insert the name of the Payer/Source (i.e. organisation) that money originated from* ***as listed in******WA Unclaimed Money Register*** *records)*

**with payment to be issued to the following BANK ACCOUNT:**

**Bank Name:** Click or tap here to enter text. **SWIFT/BIC/BSB Number:** Click or tap here to enter text.

**International Bank Account Number (IBAN) or**

**Account Name:** Click or tap here to enter text. **Account Number:** Click or tap here to enter text.

*I make this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.*

**Signature of DECLARANT**– The person making this claim must sign below **AND** provide the date of signing.

**Ordinary Signature of Declarant: Date:** Click or tap here to enter text.

## Signature of WITNESS – A qualified Witness must complete the following section. Qualified Witnesses include JP, Member of Parliament, Accountant, Lawyer, Doctor, Chemist, Police Officer, Teacher, Public Servant (5 years minimum service), Postmaster, Bank Officer (5 years minimum service), and Minister of Religion. A full Witness list is available on the Treasury Internet site.

****Declared at:**** Click or tap here to enter text.Name: Click or tap here to enter text.

(the location document witnessed at) (Please state Witness name)

****This day of**** Click or tap here to enter text. ****Qualification:**** Click or tap here to enter text.

(Please state day, month and year document witnessed) (Please state Witness qualification)

****Before me:** **Address:**** Click or tap here to enter text.

(Please state Witness current address, telephone and email)

Signature of Authorised Witness Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

## SUPPORTING DOCUMENTS – As proof of this claim the following supporting documents all ‘CERTIFIED’ by the Witness as a true copy of the original document (i.e. the Witness sighted the original documents) must be attached. Your documents need to match the Treasury records of Payee/Owner Name, Payee Address and Payer/Source information.

Only send **‘CERTIFIED COPIES’** of supporting documents, signed and certified by authorised witness as a true copy of the original document.

A certified copy of some form of current personal identification (e.g. Driver's Licence, Passport, Signed Australian Government Department of Human Services Health Care Card or Pensioner Concession Card or Birth Certificate issued by the Registry of Births, Deaths & Marriages).

A certified copy of a document confirming the Payee’s association with the Address **or** Payer/Source of the money **as listed in** ***WA Unclaimed Money Register***records.

If applicable, certified copies of documents that confirm my right to claim this money on behalf of another person/organisation. For example: Deceased Estate – Death Certificate and Grant of Probate, Will, Letters of Administration.  
Another person – Power of Attorney, Signed letter/authority from the other person and a certified copy of other person personal identification Organisation – Any formal certified copy of documents that confirms association with the organisation, authority to claim for the organisation  
Change of name – Registered Marriage Certificate, Registered Change of Name Certificate or Australian Court Order.

**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**