
2. Declaration

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

I accept that if I make a false declaration I may be committing an offence in terms of section 111 of the Crimes Act 1961, and if convicted of this offence I may be liable for imprisonment for up to three years.

Signature:	(your signature)
Date: / / (day/month/year)	

3. Witness details

Declared at:	(location document was signed)
Before me:	(full name of witness)
Signature:	(witness signature)
Date: / / (day/month/year)	
Any identifying stamp and contact details of Justice of the Peace, solicitor, or other person authorised to take a statutory declaration:	

The information collected on this form will only be used to fulfil the requirements of the Veterans' Support Act 2014. In the collection, use and storage of information, Veterans' Affairs will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code.

Please send your declaration to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140