Statutory Declaration



Complete this form onscreen or call 1300 302 474 for assistance. Please send your completed form to: memberservices@gatewaybank.com.au memberservices@gatewayban

* Denotes Mandatory Field

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1041	Dotai	

Member Number*	Occupation *	
Personal Details* Title*	Residential Address* (PO Box not accepted)	
	Unit / Street No. Street Name*	
First Name*		
Last Name*	Suburb/Town*	
Home Ph*	State/Territory* Postcode*	
Work Ph	Country*	
Mobile*	Email Address*	
Declaration		
I, (insert full name)		
of the above details, do solemnly and sincerely declare	e that; (insert matter to be declared to)	



Signatures

	oy virtue of the Statutory Declarations Act 1959, and so f false statements in statutory declarations, conscienti le in every particular.	
Signature of Person making the De	eclaration*	
Signature*	Print Name*	
Declared at*	the* day of*	the*
Signature of Person before whom	the Declaration is made*	
Signature*	Print Name*	
Title*	Date*	
 (a) A Legal Practitioner; (b) A Justice of the Peace; (c) A Permanent employee of (d) A Bank Officer with 5 or note (e) A Notary Public; (f) A person before whom a second declaration is made; (g) An Australian Consular Of Consular Fees Act 1955; 	statutory declaration may be made under the law of th	ars of continuous service; ne State in which the by Section Two of the

Next Steps:

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- 1. Print, Sign and Send form to Gateway Bank
- 2. If faxing or emailing, please also send origional document

GPO Box 3176 Sydney NSW 200	91116