## THE FUNERAL AND ALLIED INDUSTRIES UNION OF NSW BRANCH 2014 ELECTION OF COMMITTEE OF MANAGEMENT



00-0399\_FAI\_SEP1

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## **Statutory Declaration in Support of Candidature**

Completion of this Form is optional. Details supplied by candidates will be included in a Candidate Information Sheet which will be enclosed with the voting material sent to each qualified voter.

## ONLY INFORMATION PROVIDED WITHIN THE BOXED AREA BELOW WILL BE DISTRIBUTED. IT WILL BE REPRODUCED AS RECEIVED, i.e. IT WILL NOT BE RETYPED.

Therefore, ensure you either type or write all information clearly. Information must be restricted to the defined space allocated and must not exceed 150 words. Annexures will not be accepted. If faxing/emailing this form it is strongly advised to post the original to the Returning Officer at the address at the bottom of the form, immediately after faxing/emailing.

Candidate Details				
SURNAME		GIVEN NAME	(S)	
Position(s) nominating for:				
I wish to state the following in support of m	y candidature	not to exce	eed 150 words.	
	·			
And I make this solemn declaration conscientiously be	lieving the same	to be true, and	by virtue of the provisions of	of the Oaths Act 1900.
CANDIDATE'S SIGNATURE		1		
Declared at PLACE	on, DATE		in the presence of an auth	orised witness, who states:
I,		,	a	
NAME OF AUTHORISED WITNESS	this statutory de	claration by the	QUALIFICATION OF AUTHO	
certify the following matters concerning the making of this statutory declaration by the person who made it (*please cross out any text that does NOT apply): 1. *I saw the face of the person; OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that				
the person had a special justification for not removing the covering; and 2. *I have known the person for at least 12 months; OR *I have not known the person for at least 12 months, but I have confirmed the person's				
identity using an identification document and the do				
DESCRIBE IDENTIFICATION DOCUMENT RELIED ON				
SIGNATURE OF AUTHORISED WITNESS				DATE
A completed form must be received by the Returning Officer, NSW Electoral Commission, NOT LATER THAN, <b>12.00 NOON</b> , <b>MONDAY 8 DECEMBER 2014.</b> It may be hand delivered to: NSW Electoral Commission, Level 25, 201 Kent Street Sydney; posted to PO Box 693 Grosvenor Place NSW 1220; faxed to (02) 9290 5939; or emailed to: ballots@elections.nsw.gov.au				
NSWEC USE ONLY				
Name		Signature		
Received / / at :	am/pm			
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