STATUTORY DECLARATION

On completion, this form (original) and certified copies of all supporting documents should be forwarded to:

Department of Treasury, Locked Bag 11, Cloisters Square, Perth WA 6850

Note: Due to office security requirements Treasury cannot see people in person. Treasury can be contacted via Internet – www.treasury.wa.gov.au/unclaimedmoney Email – unclaimed.money@treasury.wa.gov.au Telephone – (08) 6551 2600

I,	Date of Birth:
	(Please state your name(s).)
Of	
	Please state your current street and postal address.)
Phone:	Email:
do solemnly and sincerely de-	clare I am entitled to claim –
	vn in Treasury records. Treasury internet records contain all the information known to Treasury)
the full amount of -	or my share, being - \$ or %
(Insert the amount that your are claiming. N	lote - An authority is required to claim any share of monies not due directly to you (see below)).
being money due to (Payee) -	
	ne of the Payee due this money – as shown in Treasury records.)
·	
of the address -	the Development of Transport
(Inse	rt the Payee's address – as shown in Treasury records.)
by (Payer) -	
(Insert the name of the b	usiness/organisation that owes this money – as shown in Treasury records.)
As proof of this claim I have attached	ed the following supporting documents –
•	sury records of Payee name, Payee address and Payer information.).
	on (e.g. Driver's Licence, Passport, Birth Certificate, Health Care card).
·	ee's association with the above address or Payer of this money.
	irm my right to claim this money on behalf of another person or organisation. For example:
Deceased Estate - Grant of Probate, Wi	II, Death Certificate
Another person – Power of Attorney, Sig	gned letter/authority from the other person and a copy of their ID
Business or organisation – Any formal d	ocuments that confirm your association with the organisation
• If applicable, other documentation that confi	rms my entitlement to claim this money.
and	
Had supporting documents 'Certified' by the	Witness (i.e. the Witness sighted the original documents).
Only sent "copies" of supporting documents	and use A4 paper where possible.
And 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	g of false statements in statutory declarations, conscientiously believing the
statements co	ntained in this declaration to be true in every particular.
Signature of DECLARANT - The person	n making this claim must sign below
Olgitata O C D D D D T T T T T T T T T T T T T T T	Thinking the stand most sign polow.
Ordinary Signature of Declarant	
Date	
	rejected if the necessary attachments or information is not provided.
Signature of WITNESS - A qualified Witr	less must complete the following section.
	Parliament, Accountant, Lawyer, Doctor, Chemist, Police Officer, Teacher, Public Servant (5yrs min
service), Post Master, Bank Officer (5yrs min se	rvice), Minister of Religion A full Witness list is available on our Internet site.
DECLARED AT	Namo
DECLARED AT	Name:
This day of	Qualification:
Before me	
Doloro Illo	Address:
	Addiess.
	Ph: Email:
Signature of Authorised Witness	Please ensure you 'certify' the supporting documents as copies of the originals.
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