Statutory Declaration

l,			
		[full name]	
of		full address]	
do solemnly and sincerely	declare that I am	unable to provid	le a commencement of identity as
am currently residing in	[oversed oc	untrul.	
			make it with the understanding
-			ble to the penalties of perjury.
Declared at			
		[location]	
this day of		20	
[date]	[month]	[year]	
Signature of person making	g this declaration	(to be signed in	front of an authorised witness)
Before me,			
Signature of authorised wit	iness		

The authorised witness must print or stamp his or her name, address and title under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958* (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist).