

RURAL PHARMACY SCHOLARSHIP SCHEME

STATUTORY DECLARATION

I, (Full Name)
of (Address)
occupation being

make the following declaration under the *Statutory Declarations Act 1959*:

1.

Note: Each matter to be declared must be set out in a separately numbered paragraph.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of person
making declaration:

Full name
(printed):

Declared at
(location signed):

On (date):

Before me:

Witness Signature:

Full name
(printed):

Occupation



RURAL PHARMACY SCHOLARSHIP SCHEME

Address:

Contact Email
(optional):

Contact
Number
(optional):

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

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