

Part C Applicant declaration

All holder(s) of allocation notice to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual

Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date:	Date:

Corporation Executed for and on behalf of

Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date: