

STATUTORY DECLARATION

I,
of
occupation being

do solemnly and sincerely declare that the information supplied on my application form for the Rural Pharmacy Scholarship Scheme is true and correct including all addresses supplied.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959*, and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of person making declaration:
Declared this (day) of (month) (year)
at (town or city)

Before me:

Signature of Prescribed Person:
Full name (printed for identification):
Address:
Position or occupation entitling you to witness: