



DETAILS OF THE PERSON MAKING THIS DECLARATION (PMD)

Full Name:

Address:

City:

Zip/Postcode:

State:

Country:

DETAILS OF THE THIRD PARTY AUTHORISED BY THE PMD

Full Name:

Address:

City:

Zip/Postcode:

State:

Country:

I hereby declare that I am making this declaration of my own free will and the third-party representing me is doing so based on my inability to complete the DATA BREACH REGISTRAR on my own for the following reason:

Enter your reason in the space provided below:



I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence, and punishable by applicable laws.

I declare that the details presented in this declaration are true in every particular.

My declaration is witnessed by an *(circle one of the following)*:

- Accountant
- Architect
- Bank Manager
- Chiropractor
- Dentist
- Diplomat
- Financial Adviser
- Financial Planner
- Legal Practitioner
- Medical Practitioner
- Midwife
- Nurse
- Occupational Therapist
- Optometrist
- Patent Attorney
- Pharmacist
- Physiotherapist
- Police Officer
- Psychologist
- Trademarks Attorney
- Veterinary Surgeon

SIGNED BY THE PARTIES OF THEIR OWN FREE WILL

.....
print the name of the PMD making this declaration

.....
print the name of the third-party named by the PMD

.....
signed by the name of the PMD making this declaration

.....
signed by the name of the third-party named by the PMD

WITNESSED BY

.....
witness name

.....
witness position

.....
witness signature

.....
witness official seal/stamp of authority