**STATUTORY DECLARATION**

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| --- | --- |
| I/We |  |
| of | [FULL NAME] |
|  | [ADDRESS] |
| [OCCUPATION]  make the following statutory declaration under the **Oaths and Affirmations Act 2018:** | |

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| --- | --- |
| 1. | I/We are the caveator(s) named in the caveat being withdrawn and have the right to withdraw the caveat. |
|  |  |
| 2. | To the best of my/our knowledge, I/we have taken reasonable steps to ensure that the withdrawal of caveat I/we seek to lodge is correct and compliant with relevant law and any Prescribed Requirements. |
|  |  |
| 3. | I/We have retained the evidence supporting this withdrawal of caveat and will continue to retain it for 7 years from the date of lodgment. |
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**I/We declare that the contents of this statutory declaration are true and correct and I/we make it knowing that making a statutory declaration that I/we know to be untrue is an offence.**

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| **Signature of person making this declaration** *[to be signed in front of an Authorised Witness]* | | | |
| Declared at |  | | *[place]* in the State of Victoria |
| on | / / | | *[date]* |
| **I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:** | | | |
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| **Signature of authorised statutory declaration witness** | | | |
| on | / / | | *[date]* |
| *[Full name of authorised statutory declaration witness in legible writing, typing or stamp]* | |  |  |
| *[Personal or professional address of authorised statutory declaration witness in legible writing, typing or stamp]* | |  |  |
| *[Qualification as an authorised statutory declaration witness]* | |  |  |
| A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration. | | | |

*\* I confirm that reasonable modifications were used in preparing this statutory declaration and that the contents of this statutory declaration were read to the person making the statutory declaration in a way that was appropriate to the person’s circumstances.*

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| Signature of authorised statutory declaration witness |

\* strikeout if not applicable