IN THE SUPREME COURT OF VICTORIA AT MELBOURNE

COURT OF APPEAL

CIVIL DIVISION

S EAPCI

|  |  |
| --- | --- |
| [APPLICANT’S / APPELLANT’S NAME] | Applicant/Appellant |
|  |  |
| and |  |
|  |  |
| [RESPONDENT’S NAME] | Respondent |

**AFFIDAVIT OF [*NAME OF DEPONENT*]**

|  |  |
| --- | --- |
| Date of document: Filed on behalf of: Prepared by: [name and address] | Solicitor code:  Tel: Ref: Attention: Email: |

I, [*full name*] of [*address*], [*occupation*], \*affirm / \*make oath and say:

The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.

|  |  |
| --- | --- |
| \*Sworn / \*Affirmed at [*place*]  \*in the State of Victoria  on [*date*] | ……………………………………………  [*Signature of person swearing or affirming the affidavit contents, to be signed in front of the authorised affidavit taker*] |
|  |  |
| Before me:  …………………………………………………...  [*Signature of authorised affidavit taker]*  on [*date*] ....……………………………………..  [*Name, statement of the capacity in which the authorised affidavit taker has the authority to take the affidavit, and personal or professional address in legible writing, typing or stamp*]  A person authorised under section 19(1) of the *Oaths and Affirmations Act 2018* to take an affidavit |  |

\*Delete if not applicable

**Form 43A**

Rule 43.06(5)

IN THE SUPREME COURT OF VICTORIA AT MELBOURNE

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S EAPCI

|  |  |
| --- | --- |
| [APPLICANT’S / APPELLANT’S NAME] | Applicant/Appellant |
|  |  |
| and |  |
|  |  |
| [RESPONDENT’S NAME] | Respondent |

**CERTIFICATE IDENTIFYING EXHIBIT OR EXHIBITS**

|  |  |
| --- | --- |
| Date of document: Filed on behalf of: Prepared by: [name and address] | Solicitor code:  Telephone: Ref: Attention: Email: |

\*This is the exhibit marked [*e.g. “ABC1”*] / \*These are the exhibits marked [*list exhibits in bundle of documents or bundle of confidential documents as applicable e.g. “ABC1”, “DEF2” etc*] now produced and shown to [*identify deponent*] at the time of swearing or affirming the person’s affidavit on [*date*].

|  |  |  |
| --- | --- | --- |
| ……………………………………………  [*Signature of deponent*] |  | …………………………………………...  [*Signature of person taking affidavit*]  Date: …………………………………….  [*Name, statement of the capacity in which the authorised affidavit taker has the authority to take the affidavit, and personal or professional address in legible writing, typing or stamp*] |

**[*State distinguishing mark e.g. “ABC1”*]**

**[*Briefly and specifically describe each exhibit, bundle of documents or bundle of confidential documents,***

***as applicable [use a schedule if insufficient space]:***

***e.g. Letter BHP to CRA 15/6/09*]**

\*Delete if not applicable