

PARLIAMENTARY  
SUPERANNUATION  
SCHEME

STATUTORY  
DECLARATION  
Form

Please complete all the details on this form in **BLOCK LETTERS** and return the signed original to Super SA.

## 1. PERSONAL DETAILS

Mr  Ms  Miss  Mrs  Dr  Prof

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Residential address \_\_\_\_\_

Postcode \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth    /    / \_\_\_\_\_

Super ID \_\_\_\_\_

Email \_\_\_\_\_

Telephone    **WORK** \_\_\_\_\_

**HOME**

**MOBILE**

### Contact details

**Telephone** (08) 8226 9839

**Website** [www.supersa.sa.gov.au/parliamentary\\_super](http://www.supersa.sa.gov.au/parliamentary_super)

**Mail** GPO Box 48  
Adelaide  
SA 5001

**Visit** Ground Floor (enter from Pulteney Street)  
151 Pirie Street  
ADELAIDE SA 5000

## 2. STATUTORY DECLARATION

I, \_\_\_\_\_

(Full name of person making the declaration)

of \_\_\_\_\_

(Address of person making the declaration)

Postcode \_\_\_\_\_

Insert your occupation(s) \_\_\_\_\_

do solemnly and sincerely declare that \_\_\_\_\_

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936 (SA)*.

Declared at \_\_\_\_\_ in the State/Territory of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

(Signature of Declarant)

before me<sup>1</sup> \_\_\_\_\_

(Signature of Witness)

Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

Postcode \_\_\_\_\_

Title or qualification of Witness<sup>1</sup> \_\_\_\_\_

<sup>1</sup> A witness must be one of the following: a Justice of the Peace, Commissioner for taking Affidavits, a Notary Public or a proclaimed police officer.