

AFFIDAVIT OF [NAME] [DATE]

COMMISSION DETAILS

Industrial Relations Commission of New South Wales

Case number

TITLE OF PROCEEDINGS

Applicant/Notifier **[name]**

Respondent **[name]**

FILING DETAILS

Filed for **Applicant/Notifier or Respondent [choose one]**

#Representative [Name of representative] [industrial organisation or firm]

Contact address [address]

Contact name and number [name] [telephone]

Contact email [email address]

[on separate page]

AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

#I am [role of deponent].

[state information to be included in the affidavit in numbered paragraphs].

#SWORN #AFFIRMED at

Signature of deponent

Name of witness

Address of witness

Capacity of witness

[#Justice of the peace #Solicitor #Barrister #Commissioner
for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

- 1 #I saw the face of the deponent. [OR, delete whichever option is inapplicable]
 #I did not see the face of the deponent because the deponent was wearing a face covering, but I
 am satisfied that the deponent had a special justification for not removing the covering.
- 2 #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]
 #I have confirmed the deponent's identity using the following identification document:

Identification document relied on (may be original or certified copy)

Signature of witness

Note: The deponent and witness must sign each page of the affidavit.