# **Statutory Declaration (Exceptional Circumstances – Direct damage)**

**Instructions for completing a statutory declaration**

*Please complete the following form using the notes in the left-hand margin for guidance. More guidance on making statutory declarations can be found at* [*www.justice.vic.gov.au*](http://www.justice.vic.gov.au)*.*

*When making the statutory declaration the declarant must say aloud:*

I*, [full name of person making declaration]* of *[address],* declare that the contents of this statutory declaration are true and correct.

**Statutory Declaration**

|  |  |
| --- | --- |
| *Insert the name, address and occupation (or alternatively,* unemployed *or* retired *or* child*) of person making the statutory declaration.Set out matter declared to in numbered paragraphs. Add numbers as necessary* | I,make the following statutory declaration under the **Oaths and Affirmations Act 2018:** |
| 1. Am an authorised representative for [Business Legal Name (ABN #########)] (‘the business’).
2. I declare that the business, located at [insert address] is located within the [defined burn area](https://business.vic.gov.au/__data/assets/pdf_file/0008/2380877/2025-Bushfire-Maps-Grampians-Gariwerd-National-Park-and-Little-Desert-National-Park-Burn-Area-A0.pdf)\* of the 2024-25 Grampians (Gariwerd) National Park and/or the 2025 Little Desert National Park bushfires (‘the bushfire event’).

\*Defined Burn Area refers to specified areas from the 2024-25 Grampians (Gariwerd) National Park bushfires, 2025 Little Desert bushfires that have been directly affected (burned) by the bushfire as per [the defined burn area map](https://business.vic.gov.au/__data/assets/pdf_file/0008/2380877/2025-Bushfire-Maps-Grampians-Gariwerd-National-Park-and-Little-Desert-National-Park-Burn-Area-A0.pdf).1. I declare that the business suffered direct damage to business assets because of the bushfire event (between 16 December 2024 – 26 April 2025), and because of this, the business incurred expenditure of least $10,000 to repair or replace the directly damaged business before 30 June 2025.
2. The details of the business assets damaged by the bushfire event, and details of the evidence of incurred expenditure the business will supply in its application are described in ***Table 1*** below:

***Table 1***

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of the damaged business asset** | **Action taken to repair or replace the damaged asset** | **Evidence supplied with my program application** | **Amount paid (exc. GST)** |
| *e.g. Burnt perimeter fences* | *e.g. new perimeter fencing panels to replace the burnt perimeter fencing* | *Timestamped photographs**Tax invoice and payment receipt from Fence Replacements Pty Ltd (ABN: 123456789)* | *$6,050* |
| *e.g. Burnt storage shed* | *e.g. new zinc double door shed to replace the burnt storage shed* | *Timestamped photographs**Tax invoice and payment receipt from Shed Replacements Pty Ltd (ABN: 123456789)* | *$6,225* |
| ***Total (exc. GST)*** |  | *$12,275* |

1. I declare that the business is not entitled to and has not received or been approved to receive the costs claimed in this application under a policy of insurance.
2. I declare that the business will retain copies of all evidence that supports this claim, such as photographs, quotations or estimates, advisory reports, written inventory of lost or damaged assets, as well as evidence of payment such as tax invoices or official paid receipts, for a period of 4 years from the Business Bushfire Recovery Grant program open date.
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| *Please use the format provided. Input the business’ relevant information in the highlighted sections.**Table 1 must be completed. Pre-filled information in italics is for example instructional purposes only and must be deleted before making and signing the declaration. Add additional rows as necessary.* |
|  |  **I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.** |
| *Signature of person making the declaration* |  |
|  *Place (City, town or suburb)**Date* | **Declared at** |  | **\*in the state of Victoria** |
| on  |
| *Signature of authorised statutory declaration witness**Date* | **I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:**on |
| *Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)* | A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration. |

|  |  |
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| *The witness must only sign this section if the person making the statutory declaration is illiterate, blind or cognitively impaired and the statutory declaration is read to them.**This section must be signed by any person who has assisted the person making the statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section does not need to be completed.**Date**Name and address of person providing assistance* | **I certify that I read this statutory declaration to** *[name of the person making the statutory declaration]* at the time the statutory declaration was made.**Icertify that I have assisted** *[name of the declarant]* by *[insert assistance provided, for example translating the document*]. Signed:On:Name and address of person providing assistance: |