Statutory Declaration

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| *Insert the name, address and occupation (or alternatively,* unemployed *or* retired *or* child*) of person making the statutory declaration.* | I, *[insert full name] at [insert full address]*make the following statutory declaration under the **Oaths and Affirmations Act 2018:** [**Applicant Information:** *Please complete details of either 1, 2 or 3 and delete paragraphs that do not apply*.] |
| *Set out matter declared to in numbered paragraphs. Add numbers as necessary.* | 1. I am an authorised representative for [*insert name of business*]with ABN [*insert ABN*]

**or**1. I am a Sole Trader with ABN [*insert ABN*] trading as [*insert business name*].

**or**1. I am an authorised representative for [name of *not-for-profit company or incorporated association*] with Incorporated Association Number [*insert IAN*]/ Australian Company Number [*insert ACN*]/Aboriginal and Torres Strait Islander corporation number [*insert ICN number*].
2. During the Victorian COVID-19 restrictions between 27 May and 10 September 2021, [*insert name of business*] experienced a reduction in turnover of at least 70 per cent for a minimum consecutive two-week period comparable to a benchmark period in accordance with the grant program guidelines published by the Department of Jobs, Precinct and Regions in 2021. The reduction in turnover was a direct consequence of the COVID-19 restrictions.
3. I received a grant from the Victorian Government as part of the Small Business COVID Hardship Fund. The value of the grant was $[*insert amount of the grant received*].
4. I used the funds from the Victorian Government to assist the business on: [*describe the business costs which the funds were spent on. For example, ‘advertising and communication activities; utilities, wages and rent costs; business continuity planning from a financial advisor’.*] I declare that they are true representation of the associated expenses and assisted [insert name of business]. I can provide the evidence of the expenditure and payments made of these items to the Department if required.
5. I declare that [*insert business or organisation name*] will retain copies of all evidence that supports this claim, such as payroll reports, quotations or estimates, advisory reports, as well as evidence of payment such as tax invoices or official receipts, for a period of four years from receipt of any grant received under the Small Business COVID Hardship Fund.
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|  |  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:**Signature:on:  |
| *Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)* | Name:Address & Contact:Occupation: Registration#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: |