

Statutory Declaration
OATHS ACT 1900, NSW, NINTH SCHEDULE

I, _____, of _____
[name of declarant] [residence]

do hereby solemnly declare and affirm that *[*please cross out any text that does not apply]*

<i>Outline the circumstances in which your medical record book was lost, spoilt, destroyed, or not received.</i>	<p>My medical record book was <i>lost [OR] spoilt [OR] destroyed [OR] not received</i> and I request the Combat Sports Authority of NSW to issue me with a replacement medical record book.</p> <p>I <i>have never previously [OR] have</i> competed in a combat sport contest and the details of my last contest is as follows: <i>(if applicable)</i></p> <p>The date of my last combat sport contest was: _____</p> <p>The location of my last combat sport contest was: _____</p> <p>The name of my opponent in my last combat sport contest was: _____</p> <p>The style of combat sport I engaged in during my last combat sport contest was: <i>(e.g. boxing)</i> _____</p> <p>My last combat sport contest was an <i>amateur [OR] professional</i> contest</p> <p>I <i>won [OR] lost [OR] drew</i> my last combat sport contest and the result was decided by a <i>knockout [OR] technical knockout [OR] points decision [OR] other</i> <i>(describe below)</i></p> <p>I <i>was [OR] was not</i> subject to a medical suspension because of my last combat sport contest.</p> <p>The length of my last medical suspension was: <i>(if any)</i> _____ <i>[number of days]</i></p> <p>My last medical suspension expired on: <i>(if any)</i> _____ <i>[date]</i></p>
<i>Include any other details</i>	<p>_____</p> <p>_____</p> <p>_____</p>

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: _____ on _____
[place] [date]



[signature of declarant]

in the presence of an authorised witness, who states:

I, _____, a _____
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:
[please cross out any text that does not apply]*

1. **I saw the face of the person [OR] *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and*
2. **I have known the person for at least 12 months [OR] *I have confirmed the person's identity using an identification document and the document I relied on was:*

[describe identification document relied on]

[signature of authorised witness] [date]