

**New South Wales  
Statutory Declaration**

I, \_\_\_\_\_ of \_\_\_\_\_  
[name of declarant]

\_\_\_\_\_ , \_\_\_\_\_  
[address of declarant]                      [Insert declarant's occupation]



Enter the full name, address and occupation/title of the declarant.

The declarant is the individual completing the information. This must be a company director.

do solemnly and sincerely declare that:

2. the Supplier Statements (as defined in the Supply Arrangement between Exchange for Change (NSW) Pty Ltd, ACN 620 512 469 (Scheme Coordinator) and

\_\_\_\_\_ (Supplier)  
[Company Name and ABN/ACN]



Enter the company's full registered name (not trading name).

Enter the company's corresponding ACN/ABN

attached to this declaration as Annexure A are true and correct;

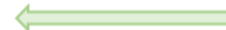
3. the number of beverage Containers Supplied by the Supplier in New South Wales in the previous financial year:

- (a) the total in respect of the State; and
- (b) the total for each Container material type is as follows:

No.	Container type	Total number Supplied
1.	Aluminium	
2.	Glass	
3.	PET	
4.	HDPE	
5.	Liquid paper board	
6.	Other plastics	
7.	Steel	
8.	Other	
	Total for NSW	



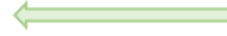
Enter the total number of containers per material type for the previous financial year. (Please use the NSW CDS Reporting Portal as reference)



In reference to the above, enter the total number of containers supplied to NSW

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900 (NSW).

Declared at: \_\_\_\_\_ on \_\_\_\_\_  
*[place]* *[date]*



Enter the location and date at which the declaration is being made.

\_\_\_\_\_ *[signature of declarant]*



Enter the signature of the individual who completed the document. This must be a director and must reflect the name entered at the top of the document. (Please note, you cannot enter your signature unless you are in the presence of the witness).

in the presence of an authorised witness, who states:

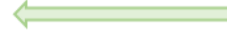
I, \_\_\_\_\_ a \_\_\_\_\_  
*[name of authorised witness]* *[qualification of authorised witness]*



These fields must be completed by an authorised witness who will witness the declarant signing the declaration. This witness must be a registered Justice of the Peace, lawyer or Notary Public as required by the Oaths Act 1900 (NSW).

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 declarant. OR \*I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and*
2. *\*I have known the person for at least 12 months. OR \*I confirmed the person's identity using the following identification document:*



If the authorized witness has known you for less than 12 months, they will require you to provide identification to confirm your identity.

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

They will then strike out the text that does not apply, before signing and dating.

\_\_\_\_\_ *[Signature of authorised witness]* \_\_\_\_\_ *[Date]*

Annexure

This is "Annexure A" referred to in the statutory declaration

\_\_\_\_\_ [Declarant's name as in statutory declaration] of

\_\_\_\_\_ [Declarant's address as in statutory declaration]

made before me this       day of       20...

\_\_\_\_\_  
Signature of person before whom the declaration is made



This is to be completed to attach the Supplier Statements to support your declaration. The Supplier Statements are prints-out of your portal figures.