

Application for Early Release of a Benefit on **Grounds of Severe Financial Hardship**

Notes for applicants

Who can apply

Members of:

State Authorities Superannuation Scheme (SASS), State Superannuation Scheme (SSS), Police Superannuation Scheme (PSS) and State Authorities Non-contributory Superannuation Scheme (SANCS).

If you are a former SASS, SSS or PSS member, you may apply for payment from your deferred benefit.

If you are a former member and do not have a deferred or preserved benefit in any of the STC schemes, your deferred SANCS basic benefit would have been transferred (rolled over) to Aware Super.

Important note: Your application can only be considered if you provide written consent to a reduction in your scheme benefits to offset the early release — see **Effect on benefit** entitlements.

Cases for applying

There are only two cases for making this application. Conditions apply for each.

Case 1

You are applying for early release of part of your superannuation benefit on the basis that:

- you have received Commonwealth income support payments for a continuous period of at least 26 weeks and are still receiving those payments,
- you have a letter from a Commonwealth department or agency (such as Centrelink†) confirming those payments, or you consent to us verifying your eligibility electronically with Centrelink using your Centrelink Customer Reference Number (CRN),
- you are currently unable to meet reasonable and immediate family living expenses*, and
- you have completed a Financial hardship declaration.

Case 2

You are applying for early release of all of the superannuation benefit that is available to you, on the basis that:

- you have reached your preservation age (see your Annual Statement),
- you are not gainfully employed (part-time or full-time),
- you have received Commonwealth income support payments for a cumulative period of 39 weeks since reaching your Commonwealth preservation age, and
- you have a letter from a Commonwealth department or agency (such as Centrelink†) confirming those payments, or you consent to us verifying your eligibility electronically with Centrelink using your Centrelink Customer Reference Number (CRN).

If you do not meet these sets of conditions, you may still be able to apply on compassionate grounds. Please contact Customer Service for more information.

†Letter from Centrelink

Centrelink has developed special letters to accompany this application.

You must advise Centrelink of the reason you are requesting proof of payments so they can:

- issue you with the correct letter, and
- advise you whether the particular payments you receive qualify as income support payments under the Commonwealth's superannuation rules.

If you need help with this form

Notes for applicants (continued)

*Reasonable and immediate family living expenses

The Commonwealth has issued guidelines as to what are reasonable and immediate family living expenses and the extent of assistance that may be provided. Examples of the types of expenses that may qualify include mortgage payments, rent debts, credit debts, health costs, schooling, household expenses and accumulated debts. Business expenses and anticipated future expenses do not satisfy the test.

What benefits are payable

The actual amount that may be approved for release will be determined by the scheme administrator on the basis of your application.

The amount released cannot exceed the value of your accrued withdrawal (resignation) benefit. In the case of a deferred benefit, this is the immediate lump sum (see your annual statement). There are also monetary limits under Commonwealth legislation — see section 1 of the **Financial** hardship declaration part of this form.

Tax payable

Benefits released early are generally subject to higher (though still concessional) rates of tax. The tax payable will depend on the taxable and tax free components of your benefit and your age. Please see STC Fact Sheet 3: Taxation, for details of the Commonwealth tax rules regarding the amount of tax payable on superannuation benefit payments at certain ages.

Mercer will calculate how much of your before tax benefit should be released to provide the after tax amount that is approved to relieve the financial hardship. Under Case 1 the maximum before tax amount available for release in any 12 month period is \$10,000. Under Case 2 there is no annual

Effect on benefit entitlements

The early release of part of your superannuation benefit will reduce the amount of the scheme benefits you will receive in the future.

A deferred benefit will be reduced when the early benefit payment is made.

If you are a current contributor, a debt account adjusted for interest will be created. The accumulated debt will be deducted from your benefit when it is either deferred in the scheme or is paid to you e.g. at retirement age.

A debt will be deducted from the SANCS entitlement first. The reduction of a pension benefit will be calculated using actuarial factors.

Details of your debt account or deferred benefit reduction, as appropriate, will be shown on your annual statement.

Tax File Number

If you have not already given us your Tax File Number (TFN), your benefit may be taxed at a higher rate than is necessary.

The Member Area of the website and your last Annual Statement shows if your TFN has been supplied. If not, then it can be supplied via the Member Area of the website or by contacting Customer Service and following the prompts. Alternatively, you can request a Tax File Number Collection Form to complete and send it to us along with this Form.

Centrelink's Confirmation eServices

Centrelink Confirmation eServices (CCeS) is a secure online service for approved businesses, such as State Super, which enables us to confirm if you have been in receipt of eligible income support payments for the required period. This is to assist with early release of superannuation in the event of financial hardship. By providing your Centrelink Customer Reference Number (CRN), and signing section 5, you authorise State Super to use your personal information and CRN to confirm your eligibility for the release of superannuation from your account on the grounds of severe financial hardship.

The information we receive from CCeS can only be collected and used in line with our Privacy Policy which is available on our website.

You do have the option of contacting Services Australia and requesting the required Centrelink letter, but keep in mind that the letter is only valid for 21 days, so you must ensure that we receive your financial hardship application within 21 days of the date of the Centrelink letter.

If you need help with this form

1. Your personal details Please read STC Fact Sheet 2: Early release of a benefit on grounds of severe financial hardship, before completing this Form. Member number Mr/Mrs/Ms/Miss Male Female Birth date (DD-MM-YYYY) Given name(s) Family name Residential address Suburb State/Territory Postcode Postal address (if different from residential address) Suburb State/Territory Postcode Daytime contact telephone number Work or Home Mobile number Email address

2. What are you applying for?

Please indicate which case you are applying under:

Case 1

Early release of part of my superannuation benefit, on the basis that:

- I have received Commonwealth income support payments for a continuous period of at least 26 weeks and I am still receiving those payments,
- I have a letter from the relevant Government department or agency confirming the payments, or I have provided my Centrelink CRN and consent to my eligibility being verified electronically with Centrelink,
- I am currently unable to meet reasonable and immediate family living expenses, and
- I have completed a Financial hardship declaration.

Case 2

Early release of all or part of the superannuation benefit that is available to me, on the basis that:

- I have reached my preservation age,
- I am not gainfully employed (part or full-time),
- I have received Commonwealth income support payments for a cumulative period of 39 weeks since reaching my preservation age, and
- I have a letter from the relevant Government department or agency confirming the payments, or I have provided my Centrelink CRN and consent to my eligibility being verified electronically with Centrelink.

If you need help with this form

Mark one box with a cross

| 3. Consent to benefit reduction | | | | | | | |
|--|--|--|--|--|--|--|--|
| I consent to the reduction of my superannuation ben for early release. I also acknowledge that this amount will, in the case interest accumulated at the fund earning rate on the Name Signature | of a current contributor, include released amount. | | | | | | |
| Date | (DD-MM-YYYY) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. Payment details | | | | | | | |
| Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number. | | | | | | | |
| Account name (note that the account must be held sole | ely or jointly in your name) | | | | | | |
| | | | | | | | |
| BSB number Account number | | | | | | | |
| Name of hank/huilding againty/gradit union | | | | | | | |
| Name of bank/building society/credit union | | | | | | | |
| Address of bank/building society/credit union | | | | | | | |
| | | | | | | | |
| Suburb | State/Territory Postcode | | | | | | |
| | | | | | | | |
| * Direct crediting is not available on a full range of accounts, o accounts. To confirm whether this facility is available, please | 9 | | | | | | |

If you need help with this form

| You can provide us with the authority to us (CRN) to access your Centrelink letter onlin | - | relink | Cust | ome | er Re | efere | nce | Num | ber |
|---|--------------|----------|-------|--------------|-------|---------|--------|--------|------|
| Applicant's full name* | | | | | | | | | |
| Given name(s) | | | | | | | | | |
| | | | | | | | | | |
| Family name | | | | | | | | | |
| 4 0 1 1 1 0 0 0 1 1 | | | | | | | | | |
| Your Centrelink CRN* | | | | | | | | | |
| | | | | | | | | | |
| By providing my Centrelink CRN, I authoris | e: | | | | | | | | |
| State Super and/or its administrator, Mercer Administration Services (Australia) Pty Ltd ('Mercer'), to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details; and | | | | | | | | | |
| Services Australia to provide the results of that enquiry to State Super and/or Mercer. | | | | | | | | | |
| understand that: | | | | | | | | | |
| Services Australia will disclose information whether I have been in receipt of a quality to confirm my eligibility for early release of hardship. | fying Centre | elink pa | ayme | ent f | or a | spe | cified | d peri | |
| Services Australia will disclose to State S including my name, date of birth and pa | | | cer n | пу р | erso | nal i | nfor | matio | n |
| this consent, once I sign it, remains valid withdraw it by contacting State Super or | | | | er of | Stat | te Sı | uper | unles | ss I |
| I can get proof of my details from Servic that they can determine my eligibility for of financial hardship. | | - | | | | | | | |
| if I withdraw my consent or don't alterna eligible for a financial hardship benefit pr | | | | | deta | ails, I | may | / not | be |
| Signature of applicant* | | | | | | | | | |
| | Date (D | D-MN | 1-YY\ | / Y)* | | | | | |

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon-Fri on DB 1300 130 094 or SASS 1300 130 095 or SSS 1300 130 096 or PSS 1300 130 097 or email **enquiries@stc.nsw.gov.au**

Centrelink.

| 6. Ap | plicant: please sign here | | | | |
|---|--|--|--|--|--|
| I have | that the details given in this form are correct. reviewed Section 8 - Proof of Identity and section 9 - Electronic verification, onfirm the following (please select one or more): | | | | |
| Ιh | I have provided certified proof of identity documents | | | | |
| | If my proof of identity documents are not certified correctly, I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically. | | | | |
| I have provided electronic verification information in Section 9. I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically. | | | | | |
| the do | if you provide authorisation to have your identity verified electronically but cuments are not compatible, you will need to provide certified copies of the d documents. We will contact you if this is the case. | | | | |
| as outl | re that I have read and understood the conditions relevant to this application ined in STC Fact Sheet 2: Early release of a benefit on grounds of severe all hardship. | | | | |
| Signat | | | | | |
| | Date (DD-MM-YYYY) | | | | |
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| 7. Pre | epare any documents | | | | |
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If you need help with this form

Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (NSW), under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

GPO Box 2181 Melbourne VIC 3001

or visit

www.statesuper.nsw.gov.au.

ABN 29 239 066 746 SPIN SAS0101AU

8. Proof of identity

You will need to provide certified[†] documentation or electronic verification information with your application form to prove your entitlement to the superannuation benefits.

You can either provide certified proof of identity documents that must be posted to us (see below) or alternatively, you can provide the information in Section 9 -Electronic verification, which will enable us to verify your information electronically.

The following certified documents can be accepted:

Either

One of the following certified documents:

- Current Australian State or Territory drivers licence containing a photograph of the person, or
- Australian Passport, or
- Current card issued under a State or Territory law for the purpose of providing a person's age containing a photograph of the person, or
- Current foreign passport or similar travel document containing a photograph and the signature of the person*

OR

One certified document from each of the following groups:

Group 1

- An Australian birth certificate or birth extract issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Current pension card issued by Centrelink that entitles the person to financial benefits

Group 2

- Notice issued by the Commonwealth or a State or Territory government within the preceding 12 months that records the provision of financial benefits to you, i.e., a letter from Centrelink.
- Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address and records an amount payable to or by you, i.e., your last tax

- assessment.
- Notice issued by a local government body or utilities provider within the past three months showing the provision of services to you and your current residential address, i.e., water, gas or electricity bill, rates notice.
- * Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

Change of name

Make sure that proof of change of name is also provided if your current name is not the same as the name on these documents, e.g. Change of name certificate, or deed poll document. If your name has changed on marriage, a marriage certificate issued by the Registry of Births, Deaths and Marriages is required; ceremonial marriage certificates are not acceptable.

[†] Certified means that all copied pages of original proof of identity documents or change of name documents have been certified as true copies by an individual approved to do so. Persons who are authorised to certify documents must sight the original and the copies and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

If you are in Australia

The following persons are eligible to certify copies of original documents:

- Australia Post Permanent Employee or Agent (who is currently employed with the post office and has at least two continuous years of service or is in charge of supplying postal services to the public)
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more years of continuous service)

If you need help with this form

8. Proof of identity continued

- Chiropractor
- Commissioner for Affidavits or **Declarations**
- Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Dentist
- Fellow of the National Tax Accountants' Association
- Finance Company Officer (with two or more years of continuous service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner
- Member of Chartered Secretaries Australia
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a noncommissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of Religion (registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Nurse
- Optometrist
- Officer with, or a credit representative of, a holder of an Australian credit licence,

- having two or more years of continuous service with one or more licensees
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees
- Patent attorney
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Physiotherapist
- Police Officer, Sheriff's Officer or Sheriff
- **Psychologist**
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney
- Veterinary surgeon

If you are outside Australia

The following people are eligible to certify copies of original documents outside of Australia:

- consular staff at an Australian Embassy, High Commission or Consulate
- a public notary or or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under If you are in Australia can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

If you need help with this form

9. Electronic verification

Please complete this section if you would prefer to allow us to verify your identity information electronically, instead of providing certified proof of identity documents.

We use a platform called 'greenID' to complete this verification. GreenID assists entities in meeting their Anti-Money Laundering and Counter-Terrorism Funding obligations by providing a secure and complete identity verification system.

You must provide complete details for any TWO of the following (note, only Australian documents can be verified electronically)

| 1. Medicare Card | | | | | | | | |
|--|-----------------|----------------------------|-------|--------|--|--|--|--|
| Full name exactly as shown on my Medicare Card | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Medicare number | Re | eference n | umber | | | | | |
| | | | | | | | | |
| Valid to (MM/YYYY) | M | Medicare card colour | | | | | | |
| | | Green | Blue | Yellow | | | | |
| 2. Drivers Licence | | | | | | | | |
| Full name exactly as shown on my D | Orivers Licence | Э | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Licence number | Dr | Driver licence card number | | | | | | |
| | | | | | | | | |
| State of issue Expiry (DD-MN | Л-YYYY) | | | | | | | |

Country of birth (not shown on passport)

Place of birth (as shown on passport)

Expiry date (DD/MM/YYYY)

3. Australian Passport

Passport Number

Notes: If your name differs between documents and/or your account details, you will need to provide a certified linking document (eg: Marriage Certificate from the Registry of Births, Deaths & Marriages).

If you complete the details for electronic identity identification, we will take this as consent to validate your details electronically.

If you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents and post these to us. We will contact you if this is the case.

If you need help with this form



Financial Hardship Declaration

Complete this section only if you are making a Case 1 application. Please print clearly in BLACK ink

1. Financial hardship

| | Under Case 1 a maximum of \$10,000 and a minimum of \$1,000 may be paid in any 12 month period. Under Case 2 there is no maximum or minimum amount that can be released. What amount do you need? \$ What is the cause of your financial hardship and how will the money be used? | | | | | | |
|------------------------------------|--|---|------------|---|--|--|--|
| Mark one box with a cross. | | dependants lependants (for example No | e, spouse | e, partner, children)? | | | |
| Wall one box with a cross. | If yes, please give their names, ages and their relationship to you. Name Age Relationship | | | | | | |
| | | | | | | | |
| | \$ The combined \$ | ce of these incomes (for | s (after t | ax) of your dependants. e, payslips or bank statements) to | | | |
| arr was all balls write this farms | | | | | | | |

If you need help with this form

3. Weekly living expenses

What are the current weekly living expenses of you, and your dependants?

These could include mortgage payments, rent debts, credit debts, health costs, schooling costs, household expenses, accumulated debts.

| Expense type | Weekly amount |
|--------------|---------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
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| | \$ |
| | \$ |
| TOTAL | \$ |

If you need help with this form

4. Statutory declaration

Take this form to a Justice of the Peace or a solicitor and sign this section in front of them. They will ask you to identify yourself (unless they have known you for at least 12 months) before they complete the certification section below.

Statutory declaration

Oaths Act 1900 (NSW) Eighth schedule

I, the undersigned (please print your full name)

in the State of New South Wales, do solemnly and sincerely declare that all of the information provided by me in connection with this application is true and correct.

I also declare that I do not have the financial capacity to meet the weekly living expenses I have listed and that I do not have any assets (apart from my home) which could (reasonably and realistically speaking) be used or sold to cover this gap.

I also declare that the amount I am requesting to be released is necessary to meet these expenses.

I also declare that I have read and understood the information relevant to this application as outlined in STC Fact Sheet 2: Early release of superannuation benefit on grounds of severe financial hardship.

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

Signature

Taken and declared at

Address

Suburb State/Territory Postcode

in New South Wales on this date (DD-MM-YYYY)

in the presence of an authorised witness, who states:

justification for not removing the covering, and

Name of authorised witness

١, Qualification of authorised witness

certify the following matters concerning the making of this statutory declaration by the person who made it:

- 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
- 2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but 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 (DD-MM-YYYY

*Please cross out any text that does not apply.

If you need help with this form