

Commonwealth of Australia
Statutory Declaration
Statutory Declarations Act 1959

I, of

in the Australian Capital Territory, occupation....., make the following declaration under section 9 of the *Statutory Declarations Act 1959*:

1. I **have / have not*** entered into a deed of release with the defendants or any one of them, in the Supreme Court proceedings 2017/279308 or any of their related entities in respect of a claim for damages for breast augmentation surgery performed at any of the TCI premises located at Gold Coast, Bondi Junction or Parramatta (**TCI BAS**). [**Strike out whichever does not apply to you.*]
2. I **have / have not*** already received an amount of compensation in full and final satisfaction of a claim for damages in connection with my TCI BAS.

Update about my injuries, disabilities and treatment

3. I **have / have not*** suffered INJURIES AND COMPLICATIONS as a result of undergoing TCI BAS. My injuries are set out in **ANNEXURE A**. [*Complete Annexure A: Injuries and complications.*]
4. An up-to-date summary of my injuries and disabilities, is as follows:

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Past treatment

5. I **have / have not*** undergone REVISION SURGERIES or PROCEDURES in the past to address injuries sustained as a result of my TCI BAS. [*Explain.*]

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Future treatment

6. I **do / do not*** require REVISION SURGERY or OTHER TREATMENT in the future because of injuries sustained as a result of my TCI BAS. [*Explain.*]

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Medication and other treatment

7. I **have / have not*** required MEDICATION in the past, to treat my injuries and disabilities (including any psychiatric injuries) suffered as a result of my TCI BAS, not including any pain medication required during the standard two week post operative period. [*Explain, including time periods medication required, and whether currently still being taken.*]

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8. I **have / have not*** undergone other NON-SURGICAL TREATMENT in the past, in respect of my injuries and disabilities suffered as a result of my TCI BAS [*such as chemotherapy, consultations with a pain management specialist, physiotherapy, psychological treatment etc.*].

[*Explain. For example, if you have seen your GP or specialist about pain, disfigurement, rupture, seroma, contracture, ALCL, or any other physical injury or complication you have experienced, set out the treatment here, including the name, specialisation and address of the doctors you had treatment with.*]

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.....

9. I **am / am not*** STILL BEING TREATED / REQUIRE REGULAR MEDICATION in respect of my injuries and disabilities (including any psychiatric injuries) suffered as a result of my TCI BAS. [*If yes, complete: **Annexure B**. Types of treatment includes chemotherapy, consultations with a pain management specialist, physiotherapy, psychological treatment, pain medication, etc.*]

Disabilities or functional effects

10. I **have / have not*** suffered DISABILITIES OR FUNCTIONAL EFFECTS, as a result of the injuries I suffered from my TCI BAS, not including the normal two-week post-operative rehabilitation period. [*Explain the ways your ability to function on a day-to-day basis and perform your activities of daily life has been affected, including your ability to lead a normal life, if relevant.*] [*If yes, complete: **Annexure C**: Activities of Daily Living.*]

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Effects to my life

11. The effects of the TCI BAS on my life, and the difference between my pre-TCI BAS life and circumstances, and my post-BAS life and circumstances, is summarised as follows (cl 10.3, schedule 1, scheme) *[please give brief details regarding the impact of the TCI BAS on you enjoyment of life, your income, your capacity to work and your capacity to care for yourself and others, including details of your job title and work (if your injuries have affected your work)]*:

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12. Medicare. *[*Select whichever applies to you.]*



(a)	<p>I HAVE used Medicare to pay for expenses to treat injuries related to my TCI BAS, such as imaging fees, specialist fees, or revision surgery fees.</p> <p><i>I understand that I may need to repay Medicare the amounts paid by Medicare to treat my TCI BAS injuries, if I become entitled to receive compensation over \$5,000 in respect of my injuries.</i></p> <p style="text-align: center;">OR</p>	<input type="checkbox"/>
(b)	<p>I HAVE NOT used Medicare to pay for expenses to treat injuries related to my TCI BAS.</p> <p><i>I understand I may not incur any repayment obligation to Medicare.</i></p>	<input type="checkbox"/>

13. NDIS or other Government funding or supports received in connection with my TCI BAS. ✓

<p>(a)</p>	<p>I HAVE received treatment benefits, funding or support in connection with the injuries sustained from my TCI BAS, from:</p> <ul style="list-style-type: none">● National Disability Insurance Scheme (NDIS).● Other State or Commonwealth Government organisation [<i>list</i>]: <p><i>I understand that I may have obligations to repay NDIS or other State or Commonwealth Government body for funding I may have received towards my TCI BAS treatment expenses, if I receive a compensation amount for injuries.</i></p> <p style="text-align: center;">OR</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(b)</p>	<p>I HAVE NOT received any NDIS, State or Commonwealth benefits, funding or support in connection with my TCI BAS injuries.</p>	<p><input type="checkbox"/></p>

14. Private health insurance. [*Select whichever applies to you.*] ✓

<p>(a)</p>	<p>I AM CURRENTLY, OR HAVE BEEN, AT ANY TIME FROM THE DATE OF MY TCI BAS, TO PRESENT, a member of a private health insurance fund for private health coverage:</p> <p>Name of private health fund:</p> <p>Member number:</p> <p style="text-align: center;"><i>If yes:</i></p>	<p><input type="checkbox"/></p>
<p>(b)</p>	<p>I HAVE / HAVE NOT* received any benefits or funding, for any treatment in connection with my TCI BAS injuries, from my private health insurer. [<i>Strike out whichever does not apply.</i>]</p> <p><i>I may have contractual obligations to repay my private health fund, for benefits I received towards my treatment expenses for TCI BAS injuries, if I receive a compensation amount for my injuries.</i></p> <p style="text-align: center;">OR</p>	<p><input type="checkbox"/></p>
<p>(c)</p>	<p>I HAVE NOT HAD PRIVATE HEALTH INSURANCE COVERAGE, AT ANY TIME FROM THE DATE OF MY TCI BAS, TO PRESENT.</p>	<p><input type="checkbox"/></p>

- 15. I understand that the updated information provided in this statutory declaration and the attached annexures, supersedes the information that I have previously provided Turner Freeman Lawyers including by way of my (registration) questionnaire.
- 16. I understand that I have an obligation to act honestly and the information I have given in this statutory declaration including the information I have given at Annexures A, B and C, is true and correct.

I believe that the statements in this declaration are true in every particular, and I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, the punishment for which is imprisonment for a term of 4 years.

3 Signature of
person making the
declaration

.....

4 Email address or
telephone number
of person making
the declaration

.....

.....

5 Place

6 Day

7 Month and year

Declared at ⁵..... on ⁶..... of ⁷.....

8 Signature of
person observing
the declaration
being made

Observed by me:

8.....

9 Full name,
qualification and
address of person
observing the
declaration being
made

9.....

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10 Email address
and/or telephone
number of person
observing the
declaration being
made

10.....

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ANNEXURE A

Injuries and complications suffered as a result of undergoing my TCI BAS

Instructions

- Provide details of any physical or psychological injuries you have suffered, below.
- Being unhappy with the staff or service provided to you by TCI such as being rushed out after the surgery, is not a "complication" or "injury".
- Pain, discomfort, swelling or other issues normally experienced in the two-week post-operative recovery period, are not "complications" or "injuries".

CURRENT SEVERITY OF SYMPTOMS

If you were to spend the rest of your life with your symptoms just the way they are now, how would you feel about that?

0 1 2 3 4 5 6 7 8 9 10

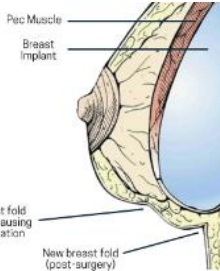
Pleased

Indifferent

Terrible

Injuries / complications.	Reference guide / general explanation of complications	Suffered as a result my initial TCI BAS. Yes/No	Details, and whether injury is still suffered.
None.	I have not suffered any injuries or disabilities.	<input type="checkbox"/> <i>Only tick if you have not suffered any injuries as a result of your TCI BAS.</i>	<i>Not applicable.</i>
Pain.	For example, breast, back, neck, chest, arm/s, generalised pain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details: Location of pain: How often do you experience pain on a weekly basis:

			Every day: <input type="checkbox"/> Some days: <input type="checkbox"/> Occasionally: <input type="checkbox"/> Other: <input type="checkbox"/> Pain Rating: Rate pain at its worst, in the last week out of 10, 10 being highest severity: / 10
Discomfort.	General discomfort.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details: Discomfort Rating: Rate discomfort at its worst, in the last week out of 10, 10 being highest severity: / 10
Psychiatric effects.	Effects to mental health such as anxiety, distress, stress, PTSD, depression.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details: If you are suffering with a psychiatric/psychological condition, had you ever suffered these symptoms before you had breast implants? If yes, for what period of time? If you had previously suffered with a psychological/psychiatric condition, had you ever required treatment before the implants? If so, what treatment did you have? (eg. seeing your GP, psychologist, psychiatrist, and/or being prescribed medication) and for how long?

			<p>.....</p> <p>If you had previously suffered with a psychological/psychiatric condition, for which you have required treatment before you had breast implants, provide the names, speciality and addresses of the doctor/s you had treatment with:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Poor aesthetic outcome.</p>	<p>Unsatisfactory appearance of breasts post-surgery and/or did not result in your desired outcome.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details. If you are unhappy about your aesthetic outcome, explain what it is you are unhappy about:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Mal-positioning.</p>	<p>Implants placed too high, too low, too far laterally (to the side), uneven placement.</p> <p>May cause double bubble deformity, if positioned too low, or the implant drops below the inframammary fold, or waterfall deformity if sitting too high.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Double Bubble.</p>	<p>Distinct bulges, or bubbles, are visible in the breast, typically one over the other. May occur, for example, if the implant is positioned too low.</p> 	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Waterfall deformity</p>	<p>Sagging appearance where the breast tissue</p>	<p>Yes <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p>

	<p>Can make one breast appear larger than the other and create a bruise on the surface and be painful.</p> <p>Haematoma may place you at higher risk of suffering capsular contracture.</p>	<p>No <input type="checkbox"/></p>	<p>Details:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Seroma.</p>	<p>Accumulation of clear fluid in the breast. May need to be drained.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Infection.</p>	<p>Infection at the incision site, or inside the body, around the implant.</p> <p>Can complicate wound healing, cause pain and affect scarring.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Location of infection:</p> <p>.....</p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Excessive scarring.</p>	<p>Thickened or hardened scars, excessively long or wide scars, unsightly or uneven stars etc.</p> <p>Can be exacerbated by poor incision/technique, requirement for multiple revision surgeries, infection, etc.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Do not include normal scarring as may be expected from undergoing the initial TCI BAS.</p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Wound dehiscence.</p>	<p>Partial or total breakdown of wound, failure of the wound to close properly.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p> <p>.....</p> <p>.....</p>

		
Capsular contracture.	<p>The body naturally forms a "capsule" of scar tissue around the implants.</p> <p>Sometimes the capsule can become unusually hardened and contract around the implant. This is called capsular contracture.</p> <p>This can cause pain and also lead to other issues such as distorted looking, tight, mishappen breasts, poor aesthetic outcome, variations in size and shape (asymmetry), deformity and shifts in the position of the implant.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Breast hardness.	<p>Unusual firmness of the breast.</p> <p>Can be a sign of capsular contracture.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Local anaesthetic toxicity and/or complications such as:	<p>May occur when too much anaesthesia is given.</p> <ul style="list-style-type: none"> • cardiac arrest; • seizures. 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Pneumothorax.	<p>Air trapped between the lung and chest wall.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:

<p>Breast implant illness (BII).</p>	<p>May be a wide range of symptoms such as: joint and muscle pain, hair loss, chronic fatigue, memory loss, rashes, gastrointestinal problems, headaches, anxiety, depression and concentration problems.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details: </p>
<p>Inadequate pocket dissection.</p>	<p>The excavation of tissue and muscle to create the pocket where the implants are placed, is inadequate. The pocket may be too big, too small, or mal-positioned.</p> <p>May result in implant animation (implant moves around if pocket too large), implant relocating laterally to the side, implant sitting too high, too low or asymmetrically (unevenly).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details: </p>
<p>Swelling / fluid build-up.</p>	<p>Accumulation of fluid in the breast area post-surgery or on a long-term basis.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details: </p>
<p>Asymmetry.</p>	<p>Uneven size, shape and/or position of implants.</p> <p>Can be related to implant malposition or capsular contracture, for example.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details: </p>
<p>Nerve damage.</p>	<p>Surgical error or poor technique may result in damage to nerves.</p> <p>Can cause pain and numbness.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/></p> <p>Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Brief details:</p>

		
Numbness.	Loss of sensation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Headaches.	Self-explanatory.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Sensitive nipples (or hyperesthesia).	Increased sensitivity or discomfort in the nipple area.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Rippling.	Visible folds or waves on the skin, from the implant.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:
Symmastia.	The breasts touch or sit too close together at the centre of the chest, sometimes called 'uni-boob'.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:

	Can be caused by implant displacement, inadequate pocket dissection, incorrect placement.	
Breast implant associated anaplastic large-cell lymphoma (ALCL).	A rare type of cancer associated with textured implants. Allergan textured implants had a higher risk of developing BIA-ALCL than others on the market.	Yes <input type="checkbox"/> No <input type="checkbox"/> Only tick "Yes", if you have been diagnosed with this condition by a doctor.	Left breast: <input type="checkbox"/> Right breast: <input type="checkbox"/> Still suffered? Yes <input type="checkbox"/> No <input type="checkbox"/> Brief details:

I understand that I have an obligation to act honestly and am satisfied that the information I have given in this statutory declaration including this **Annexure A**, is true and correct (clause 11.2 of the Settlement Distribution Scheme).

Signature: _____

Name: _____

Date: _____

ANNEXURE B

My ongoing treatment including medication (if any)

Instructions

➤ Provide details of any ongoing treatment including medication, below.

A general description about my ongoing treatment, follows:

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.....
.....

ONGOING TREATMENT

Pain Medication

<p>Are you currently taking any pain medication as a result of your breast augmentation surgery with TCI?</p> <p>If so, for how many years or months have you been taking the medication?</p> <p>.....</p> <p>What medication do you take? What dosage do you take?</p> <p>.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did you have a pre-existing condition that required you to take pain medication prior to your breast augmentation surgery with TCI?</p> <p>If yes, what medication did you take and what dosage?</p> <p>.....</p> <p>If yes, please provide the name and address of the doctor who prescribed the medication.</p> <p>.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Other Medications

<p>Are you currently taking any medication to treat a psychological condition, infection or other complication you have suffered as a result of your breast augmentation surgery with TCI?</p> <p>If so, for how many years or months have you been taking medication?</p> <p>.....</p> <p>What medication do you take? What dosage do you take?</p> <p>.....</p> <p>Who prescribed the medication? Please provide the name & address of the doctor/s who prescribed it.</p> <p>.....</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Did you have a pre-existing condition that required you to take this other medication prior to your breast augmentation surgery with TCI?</p> <p>If yes, what medication did you take, and what dosage?</p> <p>.....</p> <p>If yes, please provide the name and address of the doctor who prescribed the medication.</p> <p>.....</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Other Treatment

<p>Do you currently receive any other type of treatment as a result of your breast augmentation surgery with TCI. For example, chemotherapy, consultations with a pain management specialist, physiotherapy, psychological treatment etc?</p> <p>If yes, what type of treatment?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>How frequently do you receive this treatment?</p> <p>.....</p> <p>Who provides this treatment? Please provide the name and address of the doctor/s who provides it.</p> <p>.....</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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I understand that I have an obligation to act honestly and am satisfied that the information I have given in this statutory declaration including this **Annexure B**, is true and correct (clause 11.2 of the Settlement Distribution Scheme).

Signature: _____

Name: _____

Date: _____

ANNEXURE C

Activities of daily living

Instructions

- Some women find that complications from breast augmentation surgery, affect their activities of daily living.
- For each question, check the response that best describes how much your activities have been affected by the complications you have suffered. Please tick the box that best describes the impact of the complications over the last three months. Please make sure you mark an answer in all three columns for each question.

How do symptoms or conditions affect your:		
(a)	Ability to do household chores (cooking, laundry, house cleaning)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
(b)	Ability to do physical activities such as sports, hobbies, recreational activities, walking, swimming, or other exercise?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
(c)	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
(d)	Participating in social activities outside your home?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit
(e)	Emotional health (nervousness, depression, etc.)?	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a bit

I understand that I have an obligation to act honestly and am satisfied that the information I have given in this statutory declaration including this **Annexure C**, is true and correct (clause 11.2 of the Settlement Distribution Scheme).

Signature: _____

Name: _____

Date: _____

Raad & Ors v The Cosmetic Institute & Ors, NSW Supreme Court
Class Action - Settlement Distribution Scheme

A statutory declaration under section 9 of the *Statutory Declarations Act 1959* may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Architect	Chiropractor	Dentist
Financial adviser	Financial Planner	Legal practitioner
Medical practitioner	Midwife	Migration agent registered under Division 3 of Part 3 of the <i>Migration Act 1958</i>
Nurse	Occupational therapist	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Accountant who is:

- a) a fellow of the National Tax Accountants' Association; or
- b) a member of any of the following:
 - i. Chartered Accountants Australia and New Zealand;
 - ii. the Association of Taxation and Management Accountants;
 - iii. CPA Australia;
 - iv. the Institute of Public Accountants

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item in this list

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this list

Employee of the Australian Trade and Investment Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
- (c) exercising the employee's function at that place

Employee of the Commonwealth who is:

- (a) at a place outside Australia; and
- (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
- (c) exercising the employee's function at that place

Engineer who is:

- a) a member of Engineers Australia, other than at the grade of student; or
- b) a Registered Professional Engineer of Professionals Australia; or
- c) registered as an engineer under a law of the Commonwealth, a state or territory; or
- d) registered on the National Engineering Register by Engineers Australia

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of the Australian Defence Force who is:

- a) an officer
- b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service
- c) a warrant officer within the meaning of that Act

Member of the Australasian Institute of Mining and Metallurgy

Member of the Governance Institute of Australia Ltd

Member of:

- a) the Parliament of the Commonwealth
- b) the Parliament of a state
- c) a territory legislature
- d) a local government authority

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public, including a notary public (however described) exercising functions at a place outside

- a) the Commonwealth

Raad & Ors v The Cosmetic Institute & Ors, NSW Supreme Court
Class Action - Settlement Distribution Scheme

- b) the external territories of the Commonwealth
 - Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public
- Permanent employee of
- a) a state or territory or a state or territory authority
 - b) a local government authority
 - with 5 or more years of continuous service, other than such an employee who is specified in another item of this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior executive employee of a Commonwealth authority
- Senior executive employee of a State or Territory
- SES employee of the Commonwealth
- Sheriff
- Sheriff's officer
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution

For instructions on who can witness your statutory declaration, visit the Attorney General's Department dedicated page, here:

<https://www.ag.gov.au/legal-system/statutory-declarations>