

# AFFIDAVIT OF SERVICE

## EQUAL OPPORTUNITY DIVISION

File Number *(for office use only)*

## PARTIES

Applicant \_\_\_\_\_

Respondent \_\_\_\_\_

## AFFIDAVIT DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

I say on oath *OR* affirm:

1. I am over the age of 16 years.

2. On \_\_\_\_\_ [date], I served \_\_\_\_\_ [name of person served]  
with the following documents:

- Copy of the Application for Registration of a Conciliation Agreement
- Blank Response
- Information to Applicant and Respondent
- Notification of Assistance Required
- Copy of Conciliation Agreement

\_\_\_\_\_  
Signature of deponent

\_\_\_\_\_  
Signature of witness

- the last known business address of [name of party]\_\_\_\_\_
- By leaving them at [address]\_\_\_\_\_
- the head office
  - a registered office
  - a principle office
 of the Body Corporate
- posting them by prepaid post addressed to [name of party]\_\_\_\_\_ at [address]\_\_\_\_\_
- the last known residential address of [name of party]\_\_\_\_\_
- the last known business address of [name of party]\_\_\_\_\_

4. I believe that the information contained in this affidavit is true.

SWORN/AFFIRMED on \_\_\_\_\_

At \_\_\_\_\_

Signature of Deponent \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Name of Witness \_\_\_\_\_

Capacity of Witness Lawyer / Justice of the Peace