**STATUTORY DECLARATION IN SUPPORT OF AN APPLICATION UNDER SECTION 60 OF THE *TRANSFER OF LAND ACT 1958***

**(TO BE COMPLETED BY THE DISINTERESTED WITNESS)**

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| --- | --- |
| I/We |  |
| of | [FULL NAME] |
|  | [ADDRESS] |
| [OCCUPATION]  make the following statutory declaration under the **Oaths and Affirmations Act 2018:** | |

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| --- | --- |
|  | I am/We are aware that [insert applicant name(s)] (the Applicant(s)) seek to make a claim of adverse possession of the Subject Land being (delete inapplicable): |
|  | all of the land described in folio(s) of the Register [volume] [folio]. |
|  | OR |
|  | the land marked [insert identifier] on the SPEAR plan [insert SPEAR reference] being part of the land in folio of the Register [volume and folio reference]. |
|  | The address for the Subject Land is [enter street address]. |
|  | I/We have known the Subject Land for [enter period the declarant has known the Subject Land]. |
|  | I/We have no interest in the Subject Land, am not a relative of the Applicant and have no financial relationship with the Applicant(s). |
|  | I/We have sighted the statutory declaration of the Applicant(s) dated [enter date] and confirm from my own knowledge that their possession as described is consistent with the possession exercised by the prior possessors [insert names of prior possessors]. |
|  | I know this because: |
|  | *Describe circumstance under which the declarant came to have this knowledge including the frequency and method of observing the Subject Land.* |
|  | I am/We are not aware of any dispute or contact with the registered proprietor of the Subject Land or any other person claiming an interest in the Subject Land. |
|  | OR |
|  | I am/We are aware of a dispute or contact with the registered proprietor(s) of the Subject Land or any other person(s) claiming an interest in the Subject Land, the details of which are as follows: |
|  | *Set out the details of any dispute or contact.* |

**I/We declare that the contents of this statutory declaration are true and correct and I/we make it knowing that making a statutory declaration that I/we know to be untrue is an offence.**

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| **Signature of person making this declaration** *[to be signed in front of an Authorised Witness]* | | | |
| Declared at |  | | *[place]* in the State of Victoria |
| on | / / | | *[date]* |
| **I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:** | | | |
| û | | | |
| **Signature of authorised statutory declaration witness** | | | |
| on | / / | | *[date]* |
| *[Full name of authorised statutory declaration witness in legible writing, typing or stamp]* | |  |  |
| *[Personal or professional address of authorised statutory declaration witness in legible writing, typing or stamp]* | |  |  |
| *[Qualification as an authorised statutory declaration witness]* | |  |  |
| A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration. | | | |

*\* I confirm that reasonable modifications were used in preparing this statutory declaration and that the contents of this statutory declaration were read to the person making the statutory declaration in a way that was appropriate to the person’s circumstances.*

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| Signature of authorised statutory declaration witness |

\* strikeout if not applicable