|  |  |  |  |
| --- | --- | --- | --- |
| Court Use Only | | Court at Perth | Claim No: |
|  | |  | |
| **Claimant** | Name: | | |
|  | | | |
| Respondent *Attach Form 28 if more than one respondent* | Name: | | |
|  | | |
|  | | | |
| Affidavit of Service on a Person *(\*Select that which is appropriate)*  *Tick the appropriate boxes* | I (name) of    (address) (occupation)  having been duly sworn\*/affirmed\* say on oath\*/affirmation\* that I served  (name) with:  🞎 A sealed Respondent’s Copy of the Originating Claim including any annexure thereto as lodged with  the court together with a response form.   * A sealed copy of the response form. * Other document\*/documents\* being:       (description of documents)  1. 🞎 by delivering the said document/s to the respondent at    (address)  being the respondent’s address last known to the Construction Industry Long Service  Leave Payments Board.   * by sending the said document/s by pre-paid post to the respondent at   (address)  being the respondent’s address last known to the Construction Industry Long Service  Leave Payments Board. | | |
| 2. Service was effected at (time) on the day of 20  Sworn\*/affirmed\* at (place)  On (date)  Before  (Name and designation of Authorised Witness within the meaning of s. 9(6) or s. 9(8) of the *Oaths, Affidavits*  *and Statutory Declarations Act 2005* (WA))    Signature of Deponent Signature of Authorised Witness | | |