|  |  |  |  |
| --- | --- | --- | --- |
| 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 at the time and date stated below personally to  (name) at  (address)   * by delivering\*/sending the said document/s by pre-paid post\* to   being the  address for service provided under regulation 52(1) at the time and date stated below.   * by leaving the said document/s at the time and date stated below with   (description/name)  who on reasonable grounds I believed to be over the age of 16 years at  (address)  being the usual\*/last known\* place of residence of  (name).   * by leaving the said document/s at the time and date stated below with   (description/name) who on  reasonable grounds I believed to be in charge of the business of which  (name) is the principal at  (address)  being his\*/her\* usual\*/last known\* place of business.   * by email at the address for service. * by fax at the address for service. | | |
| 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 | | |