RESIDENTIAL TENANCIES BOND AUTHORITY

Telephone: 1300 137 164 **Mail: Locked Bag 007 Wendouree Vic 3355** **web: rentalbonds.vic.gov.au**

STATUTORY DECLARATION BY RENTAL PROVIDER (LANDLORD) – SIGNATURE VALIDATION

This Statutory Declaration is to be used to validate signatures where one or more parties to the bond did not sign the Bond Lodgment form, or the signature has changed since the Bond Lodgment or a previous Transfer. The completed Declaration is to be attached to a Bond Claim or Transfer form. If you wish to make a statutory declaration remotely, please see the instructions at https://www.justice.vic.gov.au/statdecs#form

I, _____ RTBA Number _____

(print the full name of the registered rental provider as shown on the Bond Receipt) (Registered RTBA Number)

of _____

(print the rental provider's residential address)

make the following statutory declaration under the *Oaths and Affirmations Act 2018* :

1. I am the rental provider in respect of the following bond held by the Residential Tenancies Bond Authority (RTBA):

Bond Number: (from Bond Receipt)		**Total Bond Amount:** (from Bond Receipt)	**$**

Rented property address: (including flat, unit, room or caravan site number, as shown on Bond Receipt)			
		VIC	

(Post code)

2. The signatures on the attached form are of the people entitled to authorise the bond repayment or transfer specified on the attached Bond Claim or Transfer form.

Form Number of attached form:	

3. I request the RTBA to make the repayment or transfer specified on the attached Bond Claim or Transfer form.

4. I agree to indemnify the RTBA against any loss or damage which may arise from the RTBA relying upon this Declaration in making the bond repayment or transfer requested.

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

Signature of person making the Declaration: (to be signed in front of an authorised witness*)	

Declared at _____, in the state of Victoria, on day _____month _____ year _____

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

Signature of Authorised witness*:	
Print name of Authorised witness:	
Address of Authorised witness:	
Occupation/Status of Authorised witness:	
Date witnessed:	

* A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration.