

AFFIDAVIT

Magistrates Court of South Australia (Civil Division)

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Court Use
Date Filed: _____

Trial Court/ Registry		Action No	
Address	<i>Street</i>	<i>Telephone</i>	<i>Facsimile</i> <i>DX</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i> <i>Email Address</i>

Plaintiff/Applicant

Full Name			
Address <small>(Registered Office, if Body Corporate)</small>	<i>Street</i>	<i>Telephone</i>	<i>Facsimile</i> <i>DX</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i> <i>Email Address</i>

Defendant/Respondent

Full Name			
Address <small>(Registered Office, if Body Corporate)</small>	<i>Street</i>	<i>Telephone</i>	<i>Facsimile</i> <i>DX</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i> <i>Email Address</i>

Deponent/Person Swearing Affidavit

Full Name			
Occupation			
Address	<i>Street</i>	<i>Telephone</i>	<i>Facsimile</i> <i>DX</i>
	<i>City/Town/Suburb</i>	<i>State</i>	<i>Postcode</i> <i>Email Address</i>

I, the abovenamed deponent MAKE OATH AND SAY:

1.

I, the abovenamed deponent, swear/affirm that the contents of this affidavit are true and correct to the best of my knowledge and belief.

SWORN before me at on the day of 20	
Signature (Authorised witness) DEPONENT

NOTE

The person swearing or affirming this affidavit and the authorised witness must sign and date each page of it.