Form CORP 7 Affidavit Accompanying Statutory Demand

AFFIDAVIT ACCOMPANYING STATUTORY DEMAND

Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for party. Each party should include a party number if more than one party of the same type.

[*Name of creditor/s*]
Creditor(s)

[*Name of debtor company*]
Debtor company

Affidavit

Delete inapplicable section below or mark applicable section below with an 'x'

I [*name*] of [*address and occupation*], [　　] swear on oath / [　　] do truly and solemnly affirm that:

1. I am [*state deponent's relationship to the creditor(s),eg 'the creditor', '(name), one of the creditors', 'a director of the creditor', 'a director of [name], one of the creditors'*] named in the statutory demand, which this affidavit accompanies, relating to the [*debt/debts*] owed by [*name of debtor company*].

Only applicable if deponent is not the creditor

2. [*State the facts entitling the deponent to make the affidavit, eg 'I am authorised by the creditor(s) to make this affidavit on its/their behalf'.*]

3. [*State the source of deponent's knowledge of the matters stated in the affidavit in relation to the debt or each of the debts,- eg 'I am the person who, on behalf of the creditor(s), had the dealings with the debtor company that gave rise to the debt', 'I have inspected the business records of the creditor in relation to the debtor company's account with the creditor'*]

4. The [*debt of* $[*amount*] / *total* $[*amount*] *of the debts*] mentioned in the statutory demand is due and payable by the debtor company.

5. I believe that there is no genuine dispute about the existence or amount of the [*debt/any of the debts*].

Deposed by the deponent (person who is swearing/affirming the affidavit)

At

On

…………………………………..
Signature of Deponent

……………………………………
Name printed

before me……………………………..
　　　　　Signature of attesting witness

……………………………………
Printed name and title of witness
Stamp here if applicable

…………………………
Date

…………………………………..
ID number of witness
If applicable