To be inserted by Court				
Case Number:				
Date Filed:				
FDN:				
	CERTIFICATE	OF PROOF OF	SERVICE	
SUPREME / DISTRICT / MA COURT OF SOUTH AUSTRA SPECIAL STATUTORY JURI CASE NO:	ALIA ISDICTION 			
Applicant			·····Full name	
Respondent			·····Full name	•
lext box completed unless filed by Registrar Lodging party				
If applicable	Party title		Full Name of party	
Name of law firm/office			. ,	
If applicable Name of authorised officer	Law firm/office		Responsible Solicitor	
If body corporate and no law firm/office	Full Name			
lext box completed if filed by Registrar				
Name of authorised				
registry officer	Title		Full Name of officer	
Certifying Process Server				
Name				
	Full Name			
Public office held				
	Instrumentality or agency and pos	sition		
Address				
	Street Address (including unit or	level number and name of proper	ty if required)	
	City/town/suburb	State	Postcode	Country
	Email address			

Proof of Service I certify that:				
2.	Only complete if applicable At the time of service the person served stated			
	Enter record what the person served said			
3.				
	Enter any other matter			
Not	e			
-•				
[] TheEnter name, date and if applicable			

Form 26h

Lie/aval attached to this Contificate	
FDN and Order Identifier of document provision for multiple documents served [is/are] attached to this Certificate.	
[] TheEnter name, date and if applicable	
FDN and Order Identifier of document provision for multiple documents served is / are Circle one already on the Court file and not attached	
to this Certificate.	
CERTIFIED	
atplace	
F. W. C.	
Ondate	
Signature of Process Server/Registry Officer	
Name printed	
Name printed	
Date	