AFFIDAVIT/DECLARATION OF SERVICE OF FORM 46A SUMMONS

	(Day) (Date)		(Month)	(Year) (Ti	me)
on	the	day of		,	at	a.m/p.m.
	(address of registered office)			- F		
*	Leaving it at/*sending it by post	to the register	ed office of the c	orporation at		
	addressed to *him/her at *his/her	address for se	ervice at			
*	Posting it by prepaid ordinary po	st at (address)				
	a person apparently above the ag the office of that business.	e of 16 years a	and apparently in	charge of that	business o	r employed in
	to (Name of person given document)					
	(address)					
*	delivering it to *his/her place of	business at				
	(address)	c or to years t	and residing their	v ui		
	(name of person given document) a person apparently above the ag	e of 16 years a	and residing ther	e at		
*	delivering it to *his/her place of	residence to				
		(addres	ss)			
*	leaving it with *him/her personal	lly at				
	(name of person sea	rved)				
ma	ake oath and say/declare that I ser	ved a true cop	y of the Summon	ns on		by
	(address)	1 ,	6.4 6			
	(full name of person serving document)		(occ	upation)		
Ι						
				reference		
	dress:			Telephone: Reference		
File	ed on behalf of: stralian lawyer name:			Code:		
Dat	te of Document					
OF	7					
Ar	nd					Defendan
OF	₹:					
BE	ETWEEN					Plaintif
A'						
OI	THE MAGISTRATES' COU F VICTORIA	KI	Court N	umoer.		

^{*} Delete if not applicable

*I acknowledge that this declaration is true and correct a false declaration is liable to the penalties of perjury.	and I make it in the belief that a person making a					
*SWORN/ DECLARED AT						
in the State of Victoria on						
(date)						
	Signature of person making affidavit:					
Before me:						
*authorised under section 107A(1) of the Evidence (Miscellaneous Provisions) Act 1958 to witness the signing of a statutory declaration.						
*authorised under section 123C(1)) of the Evidence (Miscellaneous Provisions) Act 1958 to take an affidavit.						
(Name and address in legible writing, typing or stamp)						
* Delete if not applicable						