

**APPLICATION FOR EXEMPTION**

To: The Owners Corporation SP89914

I/We, the owners of the unit listed below, apply for an exemption from the security measures applying to the Strata Scheme SP89914, upon the basis of the statutory declaration attached.

I/We acknowledge receipt of additional Swipes/Fobs as follows:

I/We acknowledge that the merits of my/our application is based upon the truth of the matters sworn in the attached declaration.

I/We agree to:

1. Abide by the terms, if any, of the exemption granted; and
2. Advise the Building Manager if the circumstances upon which the exemption is granted should change in the future; and

I/We understand that:

- 1 If I/we fail to comply with the terms upon which the exemption is granted, the additional Swipes/Fobs will be de-activated.

<b>APPLICANTS DETAILS</b>	
Name/s of Applicant/s:	
Unit No and Address:	
Home Phone:	Mobile No:
Email:	Registration Number/s of vehicles owned:

Dated:

Signed by the Applicant/s.

Signature/s .....

Witness

Accepted and Signed on behalf of the Owners Corporation by the Building Manager.

Signature .....

**Statutory Declaration**  
*OATHS ACT 1900, NSW, EIGHTH SCHEDULE*

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I/We ..... , do solemnly and sincerely declare that  
the extra access requested for the security swipe/fobs is necessary due to

and I/we make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: ..... on .....

*[place]*

*[date]*

.....  
*[signature of declarant/s]*

in the presence of an authorised witness, who states:

I ....., a .....,

*[name of authorised witness]*

*[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[\* please cross out any text that does not apply]*

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. \*I have known the person for at least 12 months OR \*I have confirmed the person's identity using an identification document and the document I relied on was .....

*[describe identification document relied on]*

.....  
*[signature of authorised witness]*

.....  
*[date]*