TASMANIA

**MAGISTRATES COURT (CIVIL DIVISION)**

**FORM 32**

**AFFIDAVIT VERIFYING LIST OF DOCUMENTS**

**MAGISTRATES COURT** ACTION No.           .

Address:

Phone No:       Fax No:

**CLAIMANT**:

**DEFENDANT**:

I, ............................................................................................... make oath and say as follows:-

1. The statements made by me in paragraphs 2, 3 and 4 of the list of documents now produced and shown to me marked are true.
2. The statements of fact made by me in paragraph 2 of the said list are true.
3. The statements made by me in paragraph 5 of the said list are true to the best of my knowledge, information, and belief.

Signature :........................................................................................................................

SWORN before me at

the day of 20

 Person authorised to take Affidavits

 (e.g. Justice of the Peace).

Filed by or on behalf of ..................…………...............................................whose address for the service of documents is: ..........................................................................
Phone: Fax: DX:
Contact: