







**PART C**  
**Statement**

10. I declare that:

- *I understand the election I have made*
- *the information I have supplied is complete and correct.*

I understand that if I have not provided all the required information, this application may be returned to me for completion and payment may be delayed.

Your signature \_\_\_\_\_

Date

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
day month year

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**PART D**  
**Lodgement**

11. Send your completed application and attachments to:

DFRDB  
PO Box 22  
BELCONNEN ACT 2616