

Law Practice Certificate

Pursuant to Part 4 Division 2A of the *Motor Accident Insurance Act 1994*
Statutory Declaration made pursuant to the *Oaths Act 1867*

I, of

in the State or Territory of , do solemnly and sincerely declare that:

1. I am a solicitor of the Supreme Court of , in the Commonwealth of Australia.

Please check the box which applies to this claim:

2A. I am the supervising principal of ("the law practice"); **OR**

2B. I am authorised under section 36C of the *Motor Accident Insurance Act 1994* ("the Act") to sign this certificate on behalf of ("the law practice").

3. The law practice acts for ("the claimant") in respect of a claim for damages for injury arising from a motor vehicle accident which occurred on / / ("the claim").
DD/MM/YYYY

4. I have full knowledge of the matters the subject of this declaration which relates to conduct engaged in on, or after, 5 December 2019.

5. The supervising principal and each associate of the law practice have not given or received, agreed to give or receive, or allowed or caused someone else to give or receive consideration to another person for the referral or potential referral of this claim in contravention of section 74 of the Act. If section 74 of the Act does not apply, provide the reason why it does not apply:

6. The principal and each associate of the law practice have not personally approached or contacted the claimant and solicited or induced the claimant to make this claim in contravention of section 75 of the Act. If section 75 of the Act does not apply, provide the reason why it does not apply:

7. If this claim is a speculative personal injury claim, the costs agreement related to this claim complies with section 79 of the Act or section 347 of the *Legal Profession Act 2007*.

I have read and understood the contents of this form. By virtue of the provisions of the *Oaths Act 1867*, I declare that the contents of this form are true. Where the contents of this form are based on information and belief, the contents are true to the best of my knowledge. I understand that a person who provides a false matter in a declaration commits an offence.

Signature of declarant/substitute signatory

Date

DD/MM/YYYY

If signing as substitute signatory*:

I confirm I have been directed by the declarant to sign this form and I have legal capacity.

Taken and declared before me**

Signature of witness

Place

Date

DD/MM/YYYY

Surname/family name of witness

Given name/s of witness

Qualification of witness

Seal of office (if applicable)

± Details of substitute signatory (if applicable)

Surname/family name of substitute signatory

Given name/s of substitute signatory

Relationship to the declarant

Reason why the declarant cannot sign

* For further information on who can be a substitute signatory, please visit maic.qld.gov.au/substitute-signing-fact-sheet.

** For further information on who can witness this form, please visit maic.qld.gov.au/witness-signing-fact-sheet.