

MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
AFFIDAVIT OF SERVICE
FORM 11

Registry:	Case number:
------------------	---------------------

Claimant	
-----------------	--

Defendant	
------------------	--

*delete as inapplicable

I (full name) _____

Of (address) _____

(Occupation) _____

having been duly sworn*/affirmed* say the following—

I did on the ____ day of _____ 20__ at _____ am/pm at _____

_____ (address), duly serve

(Name of person or corporation) _____

the (Claimant/Defendant etc) _____ in this case with

(Title and Form No of document/s served) _____

Tick [✓] appropriate box or delete inapplicable options.

*delete as inapplicable

- By handing the document to the individual.
- By handing the document to someone at the person's usual or last known * place of residence or * business who is believed, on reasonable grounds, to have reached 18 years of age.
- By handing the document to the lawyer who is acting for the *individual/ *corporation/ *public authority.
- By handing the document to a person who, on reasonable grounds, is believed to be a director of the corporation who resides in Australia.
- By leaving it at the company's registered office.
- By posting it to the company's registered office at the following address: _____
- By sending by pre paid post to the following address: _____ (Note –pre paid post does not include registered post)
- By handing the document to one of the partners.
- By handing the document to someone at the partnership's principal or last known place of business who, on reasonable grounds, is believed to be in charge of the business at the time of service.
- Other By) _____

(Describe here any other authorised means of service pursuant to part 17 of the Magistrates Court (Civil proceedings) Rules 2005 or Part 11 of the Magistrates Court (Minor Cases Procedure) Rules 2005)

SWORN/AFFIRMED

at _____

this ____ day of _____ 20 ____

In the presence of _____

(Deponent)

Registrar/Justice of the Peace or other authorised witness

Tick [✓] appropriate box

Lodged by	<input type="checkbox"/> Claimant or Claimants Lawyer <input type="checkbox"/> Other <input type="checkbox"/> Defendant or Defendants Lawyer			
Address for service			
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail: