Oaths, Affirmations and Statutory Declarations Act 1962 SCHEDULE

Sec.12B(3)(b)(d) Form 12

Application for appointment as a commissioner for Oaths

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	Type of application	
☐ New Appointment		☐ Renewal
For applications for renewal, specify the	e date of expiration:	
A. PERSONAL INFORMATION		
Applicants Title(s): Mr./Mrs./Ms./Miss	Other (please state):	
Surname:	Given Name(s):	
Date of Birth:	Place of Birth (Country):	
Languages Spoken (other than English)	:	:
B. CONTACT DEGTAILS		
Residential Address:		
Postal Address:		
Email Address:		
Telephone / Mobile:		
C. EMPLOYMENT DETAILS		•
Occupation:		
Current Employer:		
Location Of Employment:		
Employer Physical Address:		
Telephone:	Email:	
Please indicate (if known)		
Total number of staff at your place of e	mployment	

Number of staff already holding a Commissioner for Daths Appointment				
Prior Employment Details (please specify below if applicable)				
Employer: Duration:				
Reason for cessation:				
Employer:Duration:				
Reason for cessation:	,			
Do you have any affiliation with an organization, groups, company, etc.? If yes, give reason(s) of your affiliation and your role.	□ Yes	Мо		
D. CITIZENSHIP & RESIDENCY STATUS				
Are you a citizen of Papua New Guinea? ☐ YES ☐ NO				
If no, how long are you currently permitted to reside in PNG?	••••••			
How long have you continuously resided in PNG?				
Evidence: Valid passport, entry permit and/or visa copies				
E. CRIMINAL HISTORY				
Have you been convicted or are your currently facing charges for any criminal offence?	□ Yes	□ No		
Evidence: Police Clearance Certificate				
 Must be obtained within the last six (6) months (of application and interview) Original to be tendered when submitting application form 				
Has there been any disciplinary action taken against you or are you currently subject \Box \Box to an investigation or disciplinary proceedings by an institution, employer,				
professional or regulatory body? If yes, please clarify.	Yes	No		
Has there been any civil court proceedings (e.g., child maintenance) filed against				
you? If yes, please clarify.	Yes	Νo		

F. OTHER DETAILS

Has an interview or examination relating to this assessment been previously administered to you?	□ Yes	Мо
If yes, were you issued a certificate signed by the Secretary for Justice certifying you as a fit and proper person to be a Commissioner for Oaths? If no, why?	☐ Yes	□ No
If no on the above, why wasn't a certificate issued?		
Do you have a history of any physical or mental health problem? If yes, provide details below.	☐ Yes	□ No
Evidence: Medical Certificate (original to be tendered when submitting application Provide evidence of medical certificates Doctor's reports, etc.	n form)	
Do you have a history of any serious behavioural problems? (an example would be serious behavioural issues involving alcohol or substance abuse) If yes, give brief details below	Yes	□ No
Note: A certificate or report from a psychologist, behavioural change expert or doctor is required for a "yes" response.		•
State the reasons for your application for appointment. (Applicants are to demonstra have a considerable and continued need for appointment)		······
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If your reason for	r appointment is	pased on the	need to w	vitness d	locuments,	please	specify t	he type
of document and	frequency of ne	e ć .				-		

Document	Frequency

NOTE: The Minister for Justice may prescribe or determine other particulars as and when appropriate.

Disclosure

In signing this application form, you consent to the Department of Justice and Attorney General to;

- (i) Receive sensitive information on racial or ethnic origin and criminal record to process your application
- (ii) releasing your name and contact details for public information on the Department of Justice and Attorney General's website, etc. for clients to seek your service as a Commissioners for Oath.