



(Please print or Type Particulars)

Full name:

Date of Birth:

Contact Address:

Home: Physical Location (Area name, street no, lot no, telephone no, mobile no, list as appropriate)

Work: Physical Location (Company name, area name, street no, lot no, telephone no, mobile no, fax no, email address, list as appropriate if different from above)

Occupation: _____

Designation: _____

Gender: _____

Time commenced writing: _____ Time completed writing: _____

Date: _____

Statement by: _____

Recorded by: _____ on _____ 20_____

File no: _____

This statement consisting of _____ pages each signed by me, is true to the best of my knowledge and belief and I make it known that it is rendered in evidence, I shall be liable to prosecution if I have willfully stated anything which I know to be false or do not believe to be true.

Dated the _____ day of _____ 20____ (signed) _____ or

STATEMENT :

5 _____

10 _____

15 _____

20 _____



Civil Aviation Authority of Fiji
Statement Form

Form
OP 130

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Dated the ____ day of _____ 20 ____ (signed) _____ or

L/R

I declare that the above statement was read back to _____ in the _____ language and that he appeared fully to understand and approve of it before signing this statement before me:

Interpreter