

[Company Letterhead]

STATUTORY DECLARATION OF IDENTITY

Date: [Insert Date]

To Whom It May Concern,

I, [Full Name of Declarant], holding the position of [Job Title] at [Company Name], solemnly and sincerely declare the following:

1. That I am an authorized representative of [Company Name], located at [Company Address].

2. That I personally know and can verify the identity of the following employee:

- **Full Name:** [Employee's Full Name]
- **Date of Birth:** [Employee's Date of Birth]
- **Residential Address:** [Employee's Current Address]
- **Employee ID Number:** [Employee ID, if applicable]

3. That the said employee has been employed with this company since [Start Date] in the capacity of [Employee's Job Title].

4. That I have sighted the original identification documents of the employee, specifically [List Documents, e.g., Passport, Driver's License], and confirm that the details provided above are true and correct to the best of my knowledge.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the [Statutory Declarations Act or relevant local legislation].

Declared at [City/State] on this [Day] of [Month], [Year].

Signature of Declarant

Before me:

Signature of Authorized Witness

(Justice of the Peace / Notary Public / Commissioner for Oaths)

[Witness Stamp/Seal]