**New Partner: Initial Statutory Declaration of Eligibility**

**This form should only be used by employees who are in a relationship but do not live with their partner.**

Counter-signatories of this form, as well as Employees, **must** read and understand the Guidance Notes overleaf and online at [www.raildeliverygroup.com/rst](http://www.raildeliverygroup.comg/rst) before completing and signing this form.

If it is completed incorrectly, then it will be rejected and you may have to pay for another declaration**.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Active or Retired Employee Details** | | | | | | | | | | | | | | | | | |
| Title | | |  | | | | | Address | | | |  | | | | | |
| First Name | | |  | | | | |  | | | | | |
| Last Name | | |  | | | | |  | | | | | |
| Home Phone | | |  | | | | |  | | | | | |
| Mobile Number | | |  | | | | | Postcode | | | |  | | | | | |
| Email: | | |  | | | | | | | | | | | | | | |
| **New Partner Details** | | | | | | | | | | | | | | | | | |
| Title |  | | First Name: | |  | | | | | | Last Name: | |  | | | | |
|  | | | | | | | | | | | Date of Birth: | |  | | | | |
| Does your partner already hold any rail staff travel facilities as an employee themselves, or as a dependant to another Employee? | | | | | | | | | | | | | Yes | |  | No |  |
|  | | | | | | | | | | | | | | | | | |
| **Statutory declaration by the active or retired employee** | | | | | | | | | | | | | | | | | |
| I do solemnly and sincerely declare that the person named above is my partner, and we are a couple in a meaningful relationship. I make this Declaration conscientiously believing the same to be true by virtue of the Statutory Declarations Act 1835.  Further,   * I confirm that all details provided are correct. * **I understand that my partner will not be eligible for FIP benefits.** * **I understand that as my partner does not live with me, their children are not eligible for rail staff travel.** * I understand that I am responsible for the correct use of their rail staff travel facilities and use is subject to the Conditions of Issue and Use which can be found at [www.raildeliverygroup.com/rst/conditions-of-issue-and-use](http://www.raildeliverygroup.com/rst/conditions-of-issue-and-use) * I understand that Rail Staff Travel’s privacy information is available online at [www.raildeliverygroup.com/rst/rst-privacy](http://www.raildeliverygroup.com/rst/rst-privacy) and that I have read it and have made my partner aware of it * If I am in any doubt about eligibility, I understand that I must check and that any attempt to obtain or use rail staff travel facilities fraudulently may result in disciplinary action and/or legal proceedings and/or permanent withdrawal of all rail staff travel facilities for myself and all of my dependants. * **WARNING. Under section 5 of the Perjury Act 1911, if you knowingly and wilfully make a statutory declaration that is false in a material particular, then you are guilty of an offence, and liable on conviction to a term of imprisonment for up to 2 years, or to a fine, or both**. | | | | | | | | | | | | | | | | | |
| Date | |  | | | | Employee’s Signature: | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Declaration by the Solicitor, Notary Public, Magistrate or Commissioner for Oaths** | | | | | | | | | | | | | | | | | |
| I confirm that the above-named has made this Statutory Declaration before me. I therefore believe this declaration to be true. | | | | | | | | | | | | | | | | | |
| Court/Firm Name | | | |  | | | | | | Signatory Name | | | |  | | | |
| Court/Firm Address: | | | |  | | | | | | Notary seal or Court/Firm Stamp  (if not available, attach a letterhead) | | | |  | | | |
| Date of Admission | | | |  | | | Signature of counter-signatory: | | | | | | |  | | | |

**Guidance on Completing Form xx04 – Non Cohabiting New Partner Declaration**

The Counter-signatory of this form must be a Solicitor, a Notary Public, a Magistrate or a Commissioner of Oaths who is legally qualified to witness a Statutory Declaration under the Statutory Declarations Act 1835.

This signature must be supported by a Notary Seal, Court Stamp, Firm Stamp or Firm Letterhead.

Any alterations to the form must also be counter-signed.

The counter-signatory and the employee must read and abide by these Guidance Notes before completing and signing this form.

You do **not** need to complete this form if you are married or in a civil partnership and this is evidenced by:

* a standard registered British marriage or civil partnership certificate, i.e. as recognised by UK law, or
* a certificate of marriage or civil partnership that took place outside the UK which is an official registered document containing a serial number and official stamp/seal and which is recognised by UK law (e.g. married in France) – note that you must supply a formal translation at your own expense.

You **do** need to complete it if you are married or in a civil partnership but this is not evidenced as detailed above.

**Swearing the Oath: *Who can witness this form?***

The Statutory Declaration must be made in front of and counter-signed by one of the following:

* A solicitor authorised to act as a Commissioner for Oaths and regulated by the Law Society (also requires Firm Stamp or Letterhead)
* A Notary Public (listed by the Faculty Office of the Archbishop of Canterbury – see [www.facultyoffice.org.uk/notaries/find-a-notary](http://www.facultyoffice.org.uk/notaries/find-a-notary) ) (also requires the notary seal)
* A Magistrate or Justice of the Peace (also requires Court Stamp)
* A Commissioner for Oaths (also requires Firm Stamp or Letterhead)

**Police Officers, religious leaders, medical professionals etc are not authorised to witness a Statutory Declaration.**

Any fees incurred in the creation of this Declaration must be borne by the Employee. This may include translation fees to satisfy the counter-signatory.