



Declaration of Secrecy
on Cessation of Duties

This form is to be completed by the Clearance Holder

To: **Department of Finance**

Email: MOPSPay&Conditions@finance.gov.au

Mail: One Canberra Avenue, Forrest, ACT 2603

*denotes mandatory field

Section 1 – Personal Details

Family name *				Title	
Given names *					
AGS/Service Number (if applicable)					
	Town/City		State	Country *	
Date of birth *	Place				
Work Phone *			Home Phone		
Mobile Phone					
Work E-mail *			Home E-mail		

Section 2 – Declaration

I hereby acknowledge and declare that I have been made aware of the laws of the Commonwealth relating official secrecy, and that I understand the consequences which may follow a breach by me of those laws. I understand that:

1. The laws under the *Crimes Act 1914, Criminal Code and other relevant legislation*, may continue to apply after my employment or association with the Commonwealth has ceased whether permanently or otherwise; and
2. Information I have acquired or I have accessed because of my employment or association with the Commonwealth is information which is covered by that legislation and is not to be published or communicated in any form.

I hereby certify that every sketch, plan, photograph, model, note, document or article which I have no right to retain, or which it is contrary to my legal obligations to retain, has been returned to an official representative of the Commonwealth authorised to receive the same.

Signature

Date *		Signature *	Please print and sign this form
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Section 3 – Witnessed

Family name*		Title	
Given names*			

Address

Street*			
Town/City*		State*	
Country*		Postcode*	

Signature

Date*		Signature*	Please print and sign this form
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Note: Signatures are mandatory. Form can be submitted via post, fax or scanned copy via email.