

UNIQUE WORLD RECORDS

Independent Witness Statement

STATEMENTS OF SPECIALIST / MEDICAL PROFESSIONAL / VETERINARY PHYSICIAN WITNESS.



Application Unique ID: _____

WITNESS CONTACT DETAILS

First Name: _____

Job/Profession of Witness: _____

Address 1: _____

Address 2: _____

Postal Code: _____

E-mail ID: _____

Phone Number: _____

Last Name: _____

Nationality: _____

Currently working at: _____

City/Town: _____

State/Province/Region: _____

Country: _____

Mobile Number: _____

Business Card Included: Yes No

WHAT YOU OBSERVED (Date, Time, Conditions, Outcome of Attempt, Etc.):

DATE & PLACE OF ATTEMPT

Venue: _____

City: _____

State: _____

Country: _____

Date of Attempt: DD / MM / YYYY

FINAL RESULT / MEASUREMENTS

DECLARATION OF WITNESS

I _____ hereby declare that I have no relation to the record organizers or participants of the event, have nothing to gain from its outcome and have acted as an independent witness of the Unique World Records™ Attempt for the **Record Title:** _____

I am attesting that the information provided is true and accurate, there is no evidence of deceit and that any apparatus involved was not gaffed or rigged in any fashion. I am bound to agree that Unique World Records may contact me to discuss any particulars regarding this record attempt.

Signature: _____
(Signature must be handwritten)

Date: DD / MM / YYYY

Place: _____