UNIQUE WORLD RECORDS

Independent Witness Statement

Application Unique ID:

WITNESS CONTACT DETAILS

First Name: _____ Last Name: _____

Job/Profession of Witness: _____ Nationality: _____

_____ Currently working at: _____

Address 1: _____ City/Town: _____

Address 2: _____ State/Province/Region: _____

Postal Code: _____ Country: _____

E-mail ID: _____ Mobile Number: _____

Phone 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: _____

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