

BETWEEN:

_____ APPLICANT

-and-

_____ RESPONDENT

AFFIDAVIT

I, _____,
of _____, in the County of _____,
Province of _____, make oath (or solemnly affirm) and say that:

1. I am the _____, named in the _____, dated the ____ day
of _____, 20____.

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8.

_____.

SWORN TO (OR SOLEMNLY AFFIRMED))
BEFORE ME, at _____,)
in the County of _____)
and Province of _____, this ____ day)
of _____, 20____.)

X _____)
_____)
COMMISSIONER OF OATHS)

X _____)
_____)
ROLE: _____)

Expiry date (if applicable): _____