

FORM 4D

AFFIDAVIT

(General Heading — Form 4A or 4B)

AFFIDAVIT OF (name)

I, (full name of deponent), of the (City, Town, etc.) of _____,
in the Province of _____ (where the deponent is a party or the lawyer, officer, director, partner,
proprietor, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY
(or AFFIRM):

1. (Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being
confined as far as possible to a particular statement of fact).

SWORN (or Affirmed) before me)
in the (City, Town, etc.) of)
_____, in the)
Province of _____,)
on (date).)
)
)
_____)
Commissioner for Oaths)
(or as may be)

(signature of deponent)