

FORM 4D
Courts of Justice Act
AFFIDAVIT

(General heading)

AFFIDAVIT OF *(name)*

I, *(full name of deponent)*, of the *(City, Town, etc.)* of _____, in the *(County, Regional Municipality, etc.)* of _____, *(where the deponent is a party or the lawyer, officer, director, 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 at the *(City, Town, etc.)* of

in the *(County, Regional Municipality, etc.)* of _____

_____, on *(date)*.

Commissioner for Taking Affidavits
(or as may be)

(Signature of deponent)