|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **FORM 16** | | | | | | | | | | | | | | | |
| NOTICE OF CROSS-EXAMINATION UNDER CLAUSE 40(3)(a) OF THE ACT | | | | | | | | | | | | | | | |
|  | | | |  | *Construction Act* | | | | | | | | |  |  |
|  |
| **TO:** |  | | | | | | | | | | | , a person who is liable to be cross-examined | | | |
|  | (name of lien claimant, agent or assignee of lien  claimant or trustee of the workers’ trust fund) | | | | | | | | | | |  | | | |
| on a claim for lien dated | | |  | | | | | | | with respect to the following premises: | | | | | |
|  | | | | | | | | | | | | | | | |
| (street address of premises) | | | | | | | | | | | | | | | |
| **YOU ARE REQUIRED TO ATTEND TO BE CROSS-EXAMINED ON OATH** respecting the claim for lien on | | | | | | | | | | | | | | | |
|  | | | | | | , at |  | | | | , at the office of | | | | |
| (date) | | | | | |  | (time) | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| (name, address and telephone number of examiner) | | | | | | | | | | | | | | | |
| and to bring with you all documents relating to the claim. | | | | | | | | | | | | | | | |
| If you fail, without due cause, to attend your lien may be discharged or you may be liable for any legal costs arising from your non-attendance. | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
| (name, address and telephone number of person or lawyer requiring cross-examination) | | | | | | | | | | | | | | | |