

**FORM 4D**  
**AFFIDAVIT**  
(General heading)  
**AFFIDAVIT**

I, (full name of deponent) of \_\_\_\_\_ in the  
\_\_\_\_\_ of \_\_\_\_\_ (where 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 )  
\_\_\_\_\_ in the County of \_\_\_\_\_, Province )  
of Prince Edward Island, on (date) )

\_\_\_\_\_  
(Signature of deponent)

\_\_\_\_\_  
Commissioner for Taking Affidavits  
(or as may be )