

**Affidavit
Form 15B**

Claim no.

Plaintiff No. 1

Plaintiff No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No. Fax No. (If any)	Phone No. Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Note: For additional defendants, please list on attached sheet with all the necessary information as requested above.

I, *Full name*, of *City, Town, etc.* in the County of *Name Of County*, in the Province of *Name of Province* **MAKE OATH AND SAY (or AFFIRM) as follows:**

Set out the facts in support. If the facts are not within your own personal knowledge, give the source of your information

SWORN (or AFFIRMED) BEFORE ME AT

this day of *month*, *year* .

A Commissioner for taking affidavits (or as may be)

(Signature)

WARNING: IT IS A CRIMINAL OFFENCE TO KNOWINGLY SWEAR A FALSE AFFIDAVIT.