

**FORM A: Memorandum of General Information
Required on all Proceedings**

Manitoba
Labour
Manitoba
Labour Board



THE LABOUR RELATIONS ACT

Short Style of Proceedings: Name of Employer: _____

Name of Union: _____

Type of Proceedings: (Certification, Unfair Labour Practice, Revocation, etc.)

Attached documents filed on behalf of _____

by _____ of _____
(address) (telephone number) (FAX number)

Office held by person filing documents: _____

Interest or status of party on whose behalf documents are filed: _____
(Employer, Intervenor, Applicant for Certification, etc.)

Brief statement of business affected employer: _____

Address of Employer: _____

_____ Telephone No. _____ FAX Number _____

Particulars of other parties directly affected (where not named above):

Name	Address	In what way interested
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CANADA: I
PROVINCE OF MANITOBA: of the of
TO WIT: in the Province of
do solemnly declare

1. I am _____ of the above-named _____ and have a personal knowledge of the facts set forth in the attached hereto except where they are stated to be upon information and belief.
- *2. The facts set forth in the _____ attached hereto are true.
- *3. where stated to be upon information and belief they are to the best of my knowledge true in substance and fact and I have shown the source of my information.

*Strike out where not applicable

And I make this solemn declaration knowing that it is of the same force and affect as if made under oath and by virtue of "The Evidence Act".

SOLEMNLY DECLARED before me at the City (Town) _____
of _____
in the Province of _____,
this _____ day of _____, 20 _____,

A Commissioner of Oaths
My commission expires _____

Signature

