

**FORM 2**  
**AFFIDAVIT**

In the Matter of the Foregoing )  
Application for Deposit Insurance )  
made under the *Canada Deposit* )  
*Insurance Corporation Act* )

I, \_\_\_\_\_  
(Name in full)  
  
in the  
\_\_\_\_\_

**MAKE OATH AND SAY:**

1. I am the \_\_\_\_\_ [state title or office]  
of the applicant, and, as such, I have signed the application for deposit insurance.
2. The statements made in the application and in all attachments thereto and any supplementary information, document or representations provided by the applicant to CDIC in connection with the application are true and correct, in all material respects:
  - (a) as of the date hereof, in case of the statements made in the application or incorporated by reference therein, and
  - (b) as of the respective dates as of which the statements were made, in the case of the statements made in the attachments or in any other supplementary document filed in support of the application, andas of their respective dates, contain no misrepresentations.

**SWORN before me at the**

in the \_\_\_\_\_ of \_\_\_\_\_ )  
this \_\_\_\_\_ day of 20 \_\_\_\_\_ )

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Notary Public)