

**FORM 4D  
AFFIDAVIT**

*(General heading)*

**AFFIDAVIT**

I, *(full name of deponent)* of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
*(where deponent is a party or the solicitor, 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)* )