## 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. Phone No. Fax No. (If any) 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. Lawyer/Agent's Phone No. Fax No. (If any) Fax No. (If any) E-Mail Address (Optional) E-Mail Address (Optional)

## Defendant No. 1 Defendant No. 2 (if applicable)

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

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

[, (Full name),	of the ( <i>City</i> , 2	of the (City, Town, etc.)		
	in the (County of)	Province of ( <i>Name O</i>		
Province)	MAKE OATH AND SAY (or AFFIRM) as follows:			
source of your information.	of the motion. If the facts are not within yo			
SWORN (or AFFIRMED)	BEFORE ME AT			
his day of month	l,			
vear				
A Commissioner for taking	affidavits (or as may be)	(Signature		

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