Court of Appeal File No. ....................

**COURT OF APPEAL**

BETWEEN:

Appellant
(Plaintiff/Defendant)

AND:

Respondent
(Plaintiff/Defendant)

**AFFIDAVIT**

I, ................[*name*]................, of ................[*address*]................, ................[*occupation*]................, SWEAR (OR AFFIRM) THAT:

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|  |  |  |  |
| --- | --- | --- | --- |
| SWORN (OR AFFIRMED) BEFORE ME  |   | ) |   |
| at ...................................., British Columbia |   | ) |   |
| on ..............[*dd/mmm/yyyy*].............. .  |   | ) | .......................................................... |
|   |   | ) |   |
| ........................................................... |   | ) |   |
| A commissioner for taking affidavits |   | ) |   |
| for British Columbia |   | ) |   |
| [*print name or affix stamp of commissioner*] |  |  |  |