

FORM 4D  
*Courts of Justice Act*  
AFFIDAVIT

*(General heading)*

AFFIDAVIT OF *(name)*

I, *(full name of deponent)*, of the (City, Town, *etc.*) of ..... , in the (County, Regional Municipality, *etc.*) of ..... , *(where the deponent is a party or the lawyer, 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 the (City, Town, *etc.*) of  
.....  
in the (County, Regional Municipality, *etc.*) of .....  
..... , on *(date)*.

.....  
Commissioner for Taking Affidavits  
*(or as may be)*

.....  
*(Signature of deponent)*