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*] |  |  |  |