

## Form 18

### AFFIDAVIT OF WITNESS

I, \_\_\_\_\_, of the \_\_\_\_\_ (*city/town, etc.*) of \_\_\_\_\_  
in the \_\_\_\_\_ (*province/state, etc.*) of \_\_\_\_\_ make oath and  
say/herby affirm that:

1. I was personally present and did see \_\_\_\_\_, the person named in the  
attached \_\_\_\_\_ (*insert instrument type*) sign that instrument at  
the \_\_\_\_\_ (*city/town, etc.*) of \_\_\_\_\_ in the \_\_\_\_\_  
(*province/state, etc.*) of \_\_\_\_\_.
2. I personally know the person whose signature I witnessed.

**OR**

The identity of the person whose signature I witnessed has been proven to me to my satisfaction.

3. The person whose signature I witnessed acknowledged to me that they
  - (a) are the person named in the attached instrument;
  - (b) have attained the age of majority; and
  - (c) were authorized to execute the instrument.

SWORN/AFFIRMED before me at the \_\_\_\_\_  
of \_\_\_\_\_, in \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature

Name, address and telephone number (*required*):

A Notary Public in and for the Province of Manitoba

or

A Commissioner for Oaths in and for the Province of Manitoba

My commission expires: \_\_\_\_\_

or

Other person authorized to take affidavits under *The Manitoba Evidence Act* (*specify*): \_\_\_\_\_