

KA:'YU:'K'T'H'/CHE:K'TLES7ET'H'
FIRST NATIONS

Administrative Decisions Review Act
Review Board Forms Regulation
Form RB-4

AFFIDAVIT



Date received:

File no:

(for Clerk use only)

Sworn the day of

AFFIDAVIT OF

I, _____, of _____, MAKE OATH
AND SAY OR AFFIRM THAT:

- 1. I am _____ and as such have personal knowledge of the facts and matters hereinafter deposed to save and except where stated to be based on information and belief, and where so stated, I verily believe to be true.
- 2.
- 3.

SWORN/AFFIRMED BEFORE ME at _____)
 _____, in the Province of British)
 Columbia, this _____ day of _____ .) _____
 _____)
 _____)
 A Commissioner for taking Affidavits for)
 British Columbia)