

**Form 18**

**AFFIDAVIT OF WITNESS**

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