

**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-e.g.:Discharge) sign that instrument  
the \_\_\_\_\_ at \_\_\_\_\_ (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 \_\_\_\_\_ (city/town, etc.)  
of \_\_\_\_\_, in \_\_\_\_\_ (province/state, etc.)  
on this \_\_\_\_\_ day of \_\_\_\_\_, (Month) 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of individual taking oath

\_\_\_\_\_  
Signature of Notary Public/Commissioner of Oaths or Other person  
authorized to take affidavits under The Manitoba Evidence Act

(required):

Notary Public/Commissioner for Oaths or Other person authorized to take affidavits under The Manitoba Evidence Act (specify):

\_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number (XXX-XXX-XXXX) \_\_\_\_\_  
My commission expires on (YYYY-MM-DD) \_\_\_\_\_



Place Stamp Here (If Applicable)