

## AFFIDAVIT OF SERVICE

\_\_\_\_\_  
(Style of Cause)

I, \_\_\_\_\_, of \_\_\_\_\_,  
(name of deponent) (place, province or territory)

MAKE OATH AND SAY AS FOLLOWS:

THAT on the \_\_\_\_\_, I did serve \_\_\_\_\_,  
(day, month, year) (name of person served)  
with a true copy of \_\_\_\_\_ by (check box of method  
(identify document served)  
of service used):

- fax transmission (***this method cannot be used for an application for leave to appeal or documents filed in support of an application for leave to appeal***) (annex a copy of the cover page and a transmission slip confirming the date and time of transmission); or
- ordinary mail (***this method cannot be used for an application for leave to appeal or documents filed in support of an application for leave to appeal***); or
- registered or certified mail or by courier (annex a post office receipt, a receipt bearing the signature of the person served or a copy of the tracking results of the courier service indicating the status of the delivery of the document); or
- email (annex a copy of the email and a copy of either the email read receipt, email delivery receipt or the confirmation by the party served that service was effected electronically).

Sworn (or Affirmed) before me at the \_\_\_\_\_ of \_\_\_\_\_  
(City, Town, etc.) (name)

in the \_\_\_\_\_ of \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_,  
(Province or Territory) (name) (day) (month)

20\_\_\_\_.  
(year)

\_\_\_\_\_  
(A Commissioner of Oaths)

\_\_\_\_\_  
(Signature of deponent)