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 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)*