

YUULU?IL?ATH FIRST NATION

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

AFFIDAVIT



Date received:

File no:

(for Review Officer use only)

Sworn the Day of Year

AFFIDAVIT OF *Name in full*

I, Full Name, of Address, MAKE OATH AND SAY OR AFFIRM THAT:

1. I am Role in proceedings 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. *Additional Paragraphs*
3. *Additional Paragraphs*

SWORN/AFFIRMED BEFORE ME at)
City/Town in the Province of British Columbia,)
this Day of Year)

) *[FULL NAME]*

)
A Commissioner for taking Affidavits for)
British Columbia)