

FORM 19

AFFIDAVIT

TAX COURT OF CANADA

BETWEEN:

(name)

Appellant,

and

HER MAJESTY THE QUEEN,

Respondent.

AFFIDAVIT

I, (full name of deponent), of the (City, Town, etc.) of....., in the (Province, Territory, etc.) of.....

(where the deponent is a party or the counsel, officer, director, member or employee of a party, set out the deponent's capacity), MAKE OATH AND SAY (or AFFIRM):

1. (Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact.)

Sworn (or Affirmed) before me
at the (City, Town, etc.)
of..... in the (Province,
Territory, etc.) of....., on
(date).

(Signature of deponent)

Commissioner for Taking
Affidavits (or as may be)