

# AFFIDAVIT VERIFYING CLAIM BY OTHER THAN LIENHOLDER

Section 34(6) and (7) of the Act (Form 10)

Name of deponent

of in the Province of

occupation

make oath and say:

- 1 That I am the agent (or assignee) of named in the above (or annexed) statement and have full knowledge of the facts set forth in the above (or annexed) statement [or I am informed by (state source of information) and believe that the facts are as set forth in the above (or annexed) statement].
- 2 That the said claim is true [or when deponent has been informed, that I believe that the said claim is true].

SWORN BEFORE ME at the

in the Province of

this day of

Deponent

Signature

A Commissioner for Oaths

Signature