WITNESS AFFIDAVIT

I (name),	
of (address),	
in the province of,	
DECLARE THE FOLLOWING:	
I have read and I understand the matters of	of application number:
1. I have personal knowledge of the facts the best of my knowledge, information and	related to the application which are true to belief;
	(continue on additional pages if necessary)
Signature	Date:
SWORN OR AFFIRMED before me at (loc	eation) in the province
of Newfoundland and Labrador on(month of	day, year)
	Justice of the Peace, Notary Public, Commissioner for Oaths