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| TRIBUNAL FILE NUMBER |
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PAY EQUITY HEARINGS TRIBUNAL

Affidavit of Personal Service

NOTE: Complete the entire form. Please print information clearly. (Formulaire également disponible en français.)

PART A. CASE NAME

| | |
|-----------------|----------------------|
| BETWEEN: | |
| | Applicant(s) |
| and | |
| | Respondent(s) |

PART B. DECLARATION

I, _____, of the _____
(full name) (city, town)

in the _____ :
(county, municipality, regional municipality)

SWEAR OR AFFIRM that:

1) At _____ a.m/p.m. on the _____ day of the _____, 20____
(date) (month) (year)

I personally served _____ with a _____
(name of person served) (name of document served)

at _____
(location where service occurred)

2) I was able to identify* the person by _____
(state means by which person was identified)

3) For a Summons, I paid the appropriate attendance fees to the person named above.

* An individual may be identified if the individual responds affirmatively to the question " Are you (name on summons)?"

PART C. SIGNATURE

SWORN (or Affirmed) before me at the _____ **in the** _____
(city, town) (county, municipality)

on _____ of _____, 20____
(day) (month) (year)

A Commissioner etc.

Signature of person