

## For office use only

Received:

Released:

APPOINTMENT/EXPIRY DATE:

The personal information you give on the application is being collected under The Manitoba Evidence Act. It will be used to determine and record your appointment. It is protected by The Freedom of Information and Protection of Privacy Act.

**The following documents must be completed, signed and returned single sided to our office by mail or drop off:**

1. The Application form
2. Oath of Office (for new applications only)
3. Applicable fee (see below)

**If appointed or renewed, the certificate will be sent to the payer.**

Companies Office, 1010 - 405 Broadway, Winnipeg MB, R3C 3L6  
Telephone: (204) 945-2500 | Toll Free in Manitoba: 1-888-246-8353

## Type of Application

**New Appointment:** Please make a selection from the list below:

Inside Appointment: For witnessing documents in Manitoba (\$50)

Outside Appointment: For witnessing documents outside of Manitoba, returning therein (\$65)

**Renewal:** Please make a selection from the list below:

Inside Renewal (\$25). My appointment expires on (ddmmyyyy):

Outside Renewal (\$25). My appointment expires on (ddmmyyyy):

## Personal Information

**First name:**

**Full middle names –no initials:**

**Last name:**

**Birthdate:**

**Home address (apartment number/ street address):**

**Box number (if applicable):**

**City/ Town/ Province:**

**Postal code:**

**Daytime phone number:**

Are you entitled to work in Canada by reason of:

Canadian Citizen

Permanent Resident

Have you ever been convicted of a criminal offence for which you have not been pardoned?

Yes

No

### **Employment / Volunteer Information**

**Name of Company/Organization:**

**Position:**

**Employer's address(streetaddress):**

**Box number (if applicable):**

**City/Town/ Province:**

**Postal Code:**

**Name of supervisor:**

**Supervisor daytime phone number:**

**Supervisor signature:**

**Date:**

### **Applicant Declaration**

I declare that I have read and understand the following:

1. The "Taking Oaths, Affirmations and Statutory Declarations Guide" available on the [website](#)
2. I will not commission documents that are for use outside of Manitoba.
3. I will not charge a fee for this service.
4. I further declare that all statements made in this application are true and complete to the best of my knowledge and belief.

**Signature of applicant:**

**Date:**

# OATH OF OFFICE

I, \_\_\_\_\_  
(Print full legal name)

of \_\_\_\_\_  
(Full home address)

do solemnly swear/affirm/declare that, on appointment and so long as I shall continue to hold office,

will duly faithfully and to the best of my knowledge and ability perform and fulfill the duties and requirements

of the office of Commissioner for Oaths, without fear or favour. So help me God.  
(Omit last four words where person affirms)

\_\_\_\_\_  
(Signature of applicant)

Taken, subscribed and sworn/affirmed/declared before me at  
(circle one)

\_\_\_\_\_ in the Province of \_\_\_\_\_  
(City/ Town)

This \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_  
(Month)

\_\_\_\_\_  
Signature of Commissioner for Oaths/Notary Public

\_\_\_\_\_  
Print Name of Commissioner for Oaths/Notary Public

My Commission expires \_\_\_\_\_ (DD/MM/YYYY)

## PAYMENT OPTIONS

- Cheques/Money order – Payable to the **Minister of Finance**
- Mastercard or Visa - Complete section A
- Deposit account holders – Complete section B

**\*\*\*Forms and Payment cannot be e-mailed\*\*\***

### A MASTERCARD/ VISA (print clearly)

#### MASTERCARD

#### VISA

Cardholder's name:

Telephone number:

Business name/ Corporation name/ Applicant name:

Card number:

Expiry date:

Amount of payment:

Cardholder's signature: **X**

### B ON ACCOUNT

Charge to account number: **ZZ**

Client reference number (optional):

(Fees will be deducted from the account when the filing is completed).