



Affidavit of Service for Summons to Witness

Form O

This is a three part form.
White - Financial Services Commission of Ontario
Yellow - Insurance Company
Pink - Insured Person

The purpose of this Affidavit is to verify that a copy of the document named was personally served on the named person. An Affidavit of Service for Summons to Witness must be prepared for service of a Summons.

Case Information	Insured Person	Insurance Company	Commission file number
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Declaration

I, _____ ,
(Full Name)

of the _____ of _____
(City, Town, etc.) (Name of City, Town, etc.)

in the _____ of _____
(County, Regional Municipality, etc.) (Name of County, Regional Municipality)

SWEAR OR SOLEMNLY AFFIRM THAT:

(1) At _____ a.m./p.m. on _____, the _____ of _____, 20 _____,
(Time) (Day of Week) (Date) (Month) (Year)

I personally served _____
(Name of person served)

with a copy of _____
(Name of document served)

at _____
(Location where document was served)

(2) I was able to identify the person by _____
(State means of identification)

(3) For a *Summons to Witness*, I paid the appropriate attendance monies to the person served, named above.

Signatures

Sworn (or Solemnly Affirmed) before me at the _____ of _____
(City, Town, etc.) (Name of City, Town, etc.)

in the _____ of _____
(County, Regional Municipality, etc.) (Name of County, Regional Municipality)

on this _____ of _____, 20 _____.
(Date) (Month) (Year)

 Signature of Commissioner of Oaths

 Signature of Person Serving