

I [swear] [affirm] that the facts set out above are true and correct to the best of my knowledge, information and belief.

(Signature of deponent)
Deponent

[**SWORN**][**AFFIRMED**] by the deponent at _____ on _____
before me *(place)* *(day, month and year)*

(signature)

(print name)

[Justice of the peace][commissioner for declarations][lawyer] *(or other qualified person)*

(Last page)

PARTICULARS OF RESPONDENT (OBJECTOR) *(the following information must be provided)*

Name:

Position, title, office: *(if applicable)*

Organisation, association: *(if applicable)*

Business address:

Respondent's address for service:

Respondent's phone number or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any)*

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and organisation, corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF THE APPLICANT *(the following information must be provided)*

Name of Organisation, association:

Business address:

Applicant's address for service:

Applicant's phone or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

Applicant's contact person:

[IF APPLICANT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this application, unless already filed and served, R 13(1)(l))*

Applicant's agent's name:

and organisation, corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]