

# Commissioner for Oaths Application / Renewal



**For office use only**

Received: \_\_\_\_\_

Processed: \_\_\_\_\_

Released: \_\_\_\_\_

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 (ink only) and returned single sided to our office by mail or drop off:**

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

**If appointed or renewed, a certificate and receipt will be returned to the business address.**

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): \_\_\_\_\_

Renewals can be submitted three months before expiry.

## Applicant Information – all fields MUST be completed.

First name: \_\_\_\_\_

Full middle names (no initials): \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate (ddmmyyyy): \_\_\_\_\_

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

Full name of employer or volunteer organization:

Business address where work or volunteer duties are performed:(street address, box number (if applicable), city, town, province, postal code)

Applicant position:

Applicant phone number: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Supervisor first and last name: \_\_\_\_\_

Supervisor phone number: \_\_\_\_\_

Supervisor email address: \_\_\_\_\_

### Supervisor Declaration

I declare that all applicant information is true and complete to the best of my knowledge and belief.

**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Original ink signature)

### 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:** \_\_\_\_\_  
(Original ink signature)

# OATH OF OFFICE

(New applications only)

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 in ink)

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 in ink

\_\_\_\_\_  
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*
- Visa or Mastercard - Complete Section A
- Deposit account holders – Complete Section B
- SAP payment transactions (Government of Manitoba) – Complete Section C

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

<b>A Visa /Mastercard (Print Clearly)</b>	<b>VISA</b>	<b>MASTERCARD</b>
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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).

### **C. SAP payment**

Doc. number:

Doc. date:

Transfer fees to MM or ZZ account number (if known):