

**Commissioner for Oaths Application/Renewal
Under The Manitoba Evidence Act Part II & III**



FOR OFFICE USE ONLY					
Received date		Amount		Trans #	
Processed		Mailed		Initial	

TYPE OF APPLICATION		
New Appointment	Inside Appointment - \$50.00 <i>For witnessing Manitoba documents in Manitoba</i>	Outside Appointment - \$65.00 <i>For witnessing Manitoba documents outside of Manitoba, returning therein.</i>
Renewal (Inside) \$25.00	My appointment expires on _____ Day/Month/Year	
Renewal (Outside) \$25.00	My appointment expires on _____ Day/Month/Year	

PERSONAL INFORMATION (Please Print)

Legal surname (last name): _____

Legal given name(s): _____

Home address: _____
(Apartment Number/Street Address)

(Box Number) (City/Town) (Province) (Postal Code)

Telephone number(s): W: C: _____

Email address: _____

Are you 18 years or older? Yes No

You are entitled to work in Canada by reason:

Canadian Citizen	Permanent Resident Declare Country of Origin: _____	Work Permit Expiry date: _____ Day/Month/Year
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Have you ever been convicted of a criminal offence?

No Yes _____
(Provide the year and the type of offense)

EMPLOYMENT/VOLUNTEER INFORMATION (Please Print)			
Name of Company/Organization:			
Position:			
Business address:			

(Apartment Number/Street Address)			
_____	_____	_____	_____
(Box Number)	(City/Town)	(Province)	(Postal Code)
Name of contact person:	Title:	Telephone number:	

PURPOSE OF APPOINTMENT
Briefly explain why you require an appointment/renewal and provide the types of documents that you will be signing. (Attach additional page if more space is required.)

DECLARATION		
<p>I declare that I have read and understand the following:</p> <p style="padding-left: 40px;">Taking Oaths, Affirmations and Statutory Declarations – guide available on the website.</p> <p style="padding-left: 40px;">I will not charge a fee for this service.</p> <p style="padding-left: 40px;">I further declare that all statements made in this application are true and complete to the best of my knowledge and belief.</p> <p style="padding-left: 40px;">(*For new applications only) - The Oath of Office form was witnessed by a Manitoba Commissioner for Oaths or Notary Public.</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Signature</td> <td style="width: 40%;">Date: Day/Month/Year</td> </tr> </table>	Signature	Date: Day/Month/Year
Signature	Date: Day/Month/Year	
Signature of applicant. (Electronically generated signature not acceptable)		

- Application/Renewal must be single-sided.
- Cheque or money order, made payable to the Minister of Finance. Use payment option form if paying by credit card.
- If your office is sending more than one Application/Renewal at the same time, submit with separate payments.
- If appointed/renewed, you will receive the certificate and your receipt in approx. 3 - 4 weeks.

EXPIRY DATE:

- If appointed/renewed, the appointment will expire two years from the date shown on your certificate.
- You will **not** receive a renewal notice. Application/Renewal forms are available on our website.
- You can renew your appointment six months before the expiry date. You are responsible for renewing your appointment **before it expires**.

MAIL OR DELIVER TO: Commissioner for Oaths/Notary Public Office, 1034 - 405 Broadway, Winnipeg, MB R3C 3L6
 Phone: (204) 945-2654 | Toll-free: 1-866-323-4249 (in Manitoba)

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 fulfil the duties and requirements of the office of Commissioner for Oaths, without fear or favour. So help me/God.

(Signature of applicant)

Taken, subscribed and sworn/affirmed/declared before me at

_____ 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

Inside Appointment

Outside Appointment

My commission expires _____

Day/Month/Year

PAYMENT OPTIONS

- 1) Cheque or money order - Payable to Minister of Finance and submit with your signed documents.
- 2) Credit card - Complete and submit this form with your signed documents.

MASTER CARD

VISA

Credit Card N°: _____

Credit Card Expiry Date: _____

Cardholder's Name: _____ Telephone N° _____
(Print clearly) (Daytime: 8:30-4:30)

Cardholder's Signature: _____ Amount of Payment: _____

NO REFUNDS – NO EXCHANGES