

## **FORM A: Memorandum of General Information Required on all Proceedings**

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Please provide all applicable information

Document filed by:

Do you agree to accept service of documents by email?      Yes              No

### **EMPLOYEE:**

Name:

Address (Street, City, Postal Code):

Phone number:

Email:

Counsel (if applicable):

Firm name:

Address (Street, City, Postal Code):

Phone number:

Email:

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### **EMPLOYER:**

Name:

Address (Street, City, Postal Code):

Contact name:

Phone number:

Email:

Counsel (if applicable):

Firm name:

Address (Street, City, Postal Code):

Phone number:

Email:

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### **UNION:**

Name:

Address (Street, City, Postal Code):

Contact name:

Phone number:

Email:

Counsel (if applicable):

Firm name:

Address (Street, City, Postal Code):

Phone number:

Email:

Interested parties affected but not named on the application: (if applicable)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Reason interested: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Reason interested: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Reason interested: \_\_\_\_\_

DECLARATION

CANADA: \_\_\_\_\_ } I \_\_\_\_\_ (Name)

PROVINCE OF MANITOBA \_\_\_\_\_ } of the \_\_\_\_\_ (City or Town) of \_\_\_\_\_ (Name)

TO WIT: \_\_\_\_\_ } in the Province of \_\_\_\_\_ do solemnly declare \_\_\_\_\_ (Province)

1. I am \_\_\_\_\_ of the above-named \_\_\_\_\_ and have a personal knowledge of the facts set forth in the attached hereto except where they are stated to be upon information and belief.

~~\*(Strike out where not applicable)~~ \*2. The facts set forth in the \_\_\_\_\_ attached hereto are true

\*3. Where stated to be based upon information and belief they are to the best of my knowledge true in substance and fact and I have shown the source of my information.

And I make this solemn declaration knowing that it is of the same force and affect as if made under oath and by virtue of "The Evidence Act".

DECLARED before me at the City/Town \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Commissioner for Oaths/Notary Public Signature

My Commission expires: \_\_\_\_\_