UCHUCKLESAHT TRIBE **Enforcement Act** **Form EA-6** **AFFIDAVIT**	**Date received:** **File no:** *(for Chief Administrative Officer use only)*

Sworn the day of

AFFIDAVIT OF

I, , of ,
MAKE OATH AND SAY OR AFFIRM THAT:

1. I am and as such have personal knowledge of the facts and matters hereinafter deposed to save and except where stated to be based on information and belief, and where so stated, I verily believe to be true.

2.

3.

SWORN/AFFIRMED BEFORE ME at)
in the Province of)
British Columbia, this day of)
. _____
)
_____)
A Commissioner for taking Affidavits for)
British Columbia)
)