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## AFFIDAVIT OF YMEP RECIPIENT

I, \_\_\_\_\_, \_\_\_\_\_  
Name of YMEP Recipient Occupation

of \_\_\_\_\_  
Complete Postal Address

hereby swear that I have acquired all permits, licenses and authorizations required to carry out all work being funded under YMEP Project # \_\_\_\_\_; **OR** that the work being undertaken under YMEP Project # \_\_\_\_\_ does not require any permits, licenses and other authorizations.

IN WITNESS WHEREOF the YMEP Recipient has signed at city, of \_\_\_\_\_, in the Province/ Territory of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED by the YMEP Recipient in the presence of

\_\_\_\_\_  
Witness

\_\_\_\_\_  
YMEP Recipient

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## AFFIDAVIT OF WITNESS FOR THE YMEP RECIPIENT

I, \_\_\_\_\_, \_\_\_\_\_  
Name of Witness Occupation

of \_\_\_\_\_  
Complete Postal Address

make oath and say THAT:

1. I was personally present and did see \_\_\_\_\_, the person named as the YMEP Recipient duly sign that instrument at the time and place indicated in the instrument.
2. I personally know the person whose signature I witnessed.  
OR  
The identity of the person whose signature I witnessed has been proven to me to my satisfaction.
3. To the best of my knowledge and belief, the person whose signature I witnessed is of the legal age to execute the instrument.

S before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.