

The Saskatchewan Association of Optometrists

AFFIDAVIT VERIFYING APPLICATION (Appendix A)

I, _____ of the city of _____,

in the Province of _____, _____
(Occupation)

make oath and say;

1. That now produced and marked as Appendix 'A' to this, my affidavit, is my application for a Professional Certificate.
2. That each and every statement contained in the said application is true in substance and in fact.
3. I have read and am familiar with the Conflict of Interest Bylaws of the Saskatchewan Association of Optometrists pursuant to the Optometry Act, 1985. If granted a licence to practice optometry, I will strictly observe the provisions of the bylaws relating to Conflicts of Interest during the currency of that licence.
4. I have not written the CSAO more than once (if previously challenged identify how many times _____).
5. I have not applied nor have I been refused membership into any other provincial or international optometric regulatory body (if so please identify where _____).

SWORN BEFORE ME at the city/town of _____

In the province of _____

This _____ day of _____ AD _____

(Applicant's Signature)

A COMMISSIONER FOR OATHS in and for the Province of _____

My commission expires December 31, 20 _____

- OR -

Being a SOLICITOR
