



MANITOBA LABOUR BOARD

Suite 500, 5th Floor – 175 Hargrave Street, Winnipeg, Manitoba, Canada R3C 3R8
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www.manitoba.ca/labour/labbrd

FORM A: Memorandum of General Information Required on all Proceedings

THE LABOUR RELATIONS ACT

Short Style of Proceedings: _____ Name of Employer: _____
Name of Union: _____

Type of Proceedings: (Certification, Unfair Labour Practice, Revocation, etc.)

Attached documents filed on behalf of _____
by _____ of _____
(Address) (Telephone No.) (FAX Number)

Office held by person filing documents: _____

Interest or status of party on whose behalf documents are filed: _____
(Employer, Intervenor, Applicant for Certification, etc.)

Brief statement of business affected employer: _____

Address of Employer: _____
(Telephone No.) (FAX Number)

Particulars of other parties directly affected (where not named above):

Name	Address	In what way interested
CANADA: PROVINCE OF MANITOBA: TO WIT:	I of the in the Province of do solemnly declare	of

- 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 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".

SOLEMNLY DECLARED before me at the City (Town) _____
of _____, in the Province of _____,
this _____ day of _____, 20____

A Commissioner of Oaths
My commission expires _____

Signature