



# CERTIFICATE OF SERVICE

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**Fill in:**  
your name;  
the name of the party or other person served;  
the date service took place with the address or location.

**I certify that**

**I** \_\_\_\_\_

**served** \_\_\_\_\_

**on** \_\_\_\_\_ **at** \_\_\_\_\_

month                      day                      year

**with** \_\_\_\_\_

Tell how service took place by checking appropriate box(es) for:

**by**

an individual;

a company incorporated under the Corporations Act;

an extraprovincial company, (where no attorney has been appointed use the provisions for a company);

a partnership;

leaving a copy of it with him or her.

mailing a copy of it by registered mail to him or her and obtaining the signed original acknowledgement of receipt card.

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mailing a copy of it by registered mail to the registered office of the company and obtaining the signed original acknowledgement of receipt card.

leaving a copy of it

at the registered office of the company.

at the place of business of the company, with a receptionist or a person who appears to manage or control the company;s business there.

with a director, officer, liquidator, trustee in bankruptcy or receiver manager of the company.

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mailing a copy of it by registered mail to the attorney of the company appointed under the Corporations Act and obtaining the signed original acknowledgement of receipt card.

leaving a copy of it with an attorney appointed under the Corporations Act.

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mailing a copy of it by registered mail to a partner and obtaining the signed original acknowledgement of receipt card.

leaving a copy of it

with a partner.

at the place of business of the partnership, with a person who appears to manage or control the partnership business there.

with a receptionist who works at a place of business of the partnership.

\_\_\_\_\_

month                      day                      year

\_\_\_\_\_

signature of peron who served the document