

500-175 rue Hargrave Street, Winnipeg MB R3C 3R8, Canada T 204 945-3783 F 204 945-1296

MLBRegistrar@gov.mb.ca | www.manitoba.ca/labour/labbrd

FORM A: Memorandum of General Information Required on all Proceedings

Email:

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Please provide all applicable information	
Document filed by:	
Do you agree to accept service of documents by email? Yes No	
EMPLOYEE: Name: Address (Street, City, Postal Code): Phone number: Email:	
Counsel (if applicable): Firm name: Address (Street, City, Postal Code): Phone number: Email:	
EMPLOYER: Name: Address (Street, City, Postal Code): Contact name: Phone number: Email: Counsel (if applicable): Firm name: Address (Street, City, Postal Code): Phone number: Email:	
UNION: Name: Address (Street, City, Postal Code): Contact name: Phone number: Email:	
Counsel (if applicable): Firm name: Address (Street, City, Postal Code): Phone number:	

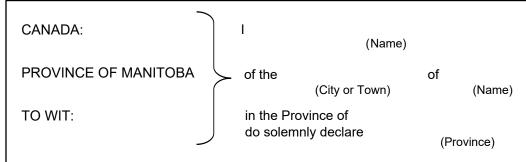
Interested parties affected but not named on the application: (if applicable)

Name: Email: Reason interested:

Name: Email: Reason interested:

Name: Email: Reason interested:

DECLARATION

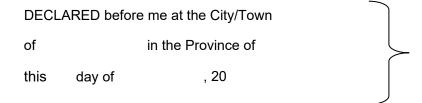


1. I am of the above-named and have a personal knowledge of the facts set forth in the attached hereto except where they are stated to be upon information and belief.

*(Strike out where not applicable)

- *2. The facts set forth in the
- *3. Where stated to be based 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".



Commissioner for Oaths/Notary Public Signature

My Commission expires: