

Proof of Service

Name of person serving:

Address of person serving:

Name of person served:

Address at which service effected:

Date service effected:

Time of day: Between _____ am/pm and _____ am/pm

Method of service (tick box)

- personally;
- by leaving a copy at the last (or most usual) place of abode with a person apparently residing there and not less than 16 years of age;
- by leaving a copy at the place of business with a person apparently employed there and not less than 16 years of age;
- any other method permitted by the Rules – specify:

I certify that I served the attached document in the manner described.

Certified this _____ day of _____ 20 _____