



Manitoba Courts

Court of Queen's Bench of Manitoba

Electronic Filing Form

Note: Email this form with each PDF document or set of PDF documents to QBRegistry@gov.mb.ca.
Only PDF documents may be submitted for e-filing.

| <p>1 <i>Date</i></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>2 For a new proceeding, enter the proposed title (style of cause). For an existing proceeding, enter the QB File No. assigned to it by the Registrar.</p> <p><i>Proceeding:</i> <div style="border: 1px solid black; height: 20px; width: 90%; display: inline-block;"></div></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>3 <i>Contact Information of Filing Party</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Contact Person and Firm/Company Name</p> <div style="border: 1px solid black; height: 20px; width: 90%;"></div> | <p>Phone No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Address</p> <div style="border: 1px solid black; height: 20px; width: 90%;"></div> | <p>Fax No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Email <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4 <i>Documents submitted with this Form</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 50%;">Document Title (or description):</th> <th style="width: 20%;">Filing Fee:</th> <th style="width: 25%;">Version:</th> </tr> </thead> <tbody> <tr><td>1.</td><td><div style="border: 1px solid black; height: 20px; width: 95%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr> <tr><td>2.</td><td><div style="border: 1px solid black; height: 20px; width: 95%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr> <tr><td>3.</td><td><div style="border: 1px solid black; height: 20px; width: 95%;"></div></td><td><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td><td><div style="border: 1px solid black; 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| <p><input type="checkbox"/> Additional documents are listed in another E-Filing Form submitted with this document set.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5 <i>To be completed by filing party</i></p> | <p>Filing party's name: <div style="border: 1px solid black; height: 20px; width: 90%; display: inline-block;"></div></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby certify that each PDF document being submitted is a true copy of the original document. I undertake to pay applicable court filing fees forthwith and to retain the originals for the longer of a) 10 years following the closing of firm/company file, or b) 5 years after the last appeal period expires for a document: (i) to be used as evidence in court, (ii) whose authenticity is subject to a challenge, or (iii) that is subject to cross-examination, unless the court orders otherwise.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; height: 60px; width: 90%; margin-left: auto;"></div> <p style="text-align: right;">Filing Party's signature</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6 <i>For Internal Use by Firm/Company</i></p> | <p>Firm Client No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Matter No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Lawyer No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |