

Form 5  
Rule 47(2)(b)

File No. \_\_\_\_\_

**IN THE COURT OF APPEAL OF NEWFOUNDLAND AND LABRADOR**

BETWEEN:

\_\_\_\_\_  
\_\_\_\_\_

APPELLANT

AND:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESPONDENT

**TRANSCRIPT CERTIFICATE**

Tick **one** and fill in the blanks:

- I, \_\_\_\_\_ (name),(counsel for the Appellant), have reviewed the order appealed from and considered the issues on appeal discussed in my factum. I am satisfied that the whole of the transcript is not required but that the portions of the transcript I am filing are necessary to enable the issues on appeal to be determined.

OR

I, \_\_\_\_\_ (name)(counsel for the Appellant), have reviewed the order appealed from and considered the issues on appeal discussed in my factum. I am satisfied that the whole of the transcript is necessary to enable the issues on appeal to be determined.

The reasons for this conclusion are:

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Provide details for concluding that the whole transcript is necessary.

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

City or Town Province month year

\_\_\_\_\_  
signature

\_\_\_\_\_  
name of Appellant or lawyer

The address for service is:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City or Town, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of lawyer handling the file

Counsel for \_\_\_\_\_

To:

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name of Respondent or lawyer and firm name

The address for service is:

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Street address

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City or Town, Province

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Postal Code

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Telephone

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Email

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Name of lawyer handling the file

Counsel for \_\_\_\_\_