IVAC
Indemnisation des victimes d'actes criminels

ADMINISTRATIVE REVIEW BOARD WITHDRAWAL

1. **Fill out the form by entering the necessary information in the appropriate spaces.**

2. **Send the completed document to the *Direction générale de l'IVAC*:**

Online	**By mail**	**By fax**
www.ivac.qc.ca	1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2	1 888 927-0003

Identification of individual effecting withdrawal of application

Surname (as shown on birth certificate)	First name	IVAC file No.
Date of event Y Y Y Y M M D D	Date of decision(s)	Social insurance No.
Address Number, Street, Apt.		
City		
Province/State		Postal code
Telephone	Telephone (other)	E-mail

Will someone be representing you in this matter?

☐ Yes (Please complete Section 2) ☐ No

If you are being represented by legal counsel, or another person acting in that capacity

Surname (as shown on birth certificate)	First name
Firm	
Address Number, Street, Apt.	
City	Postal code
Province/State	
Telephone	Telephone (other)	E-mail

Signature	Date
	Y Y Y Y M M D D