



Complete the form by entering the information requested in the appropriate fields.

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? <input type="checkbox"/> Yes (Please complete Section 2) <input type="checkbox"/> 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

Please print this form and send it to the Direction de l'IVAC at:

Administrative Review Board
Direction de l'indemnisation des victimes d'actes criminels
1199, rue De Bleury
P.O. Box 6056, Centre-Ville Branch
Montréal (Québec) H3C 4E1

Telephone : 514 906-2936
Toll-free : 1 800 931-7753
Fax : 514 906-2937