



Indemnisation
des victimes
d'actes criminels

- | | | | | | |
|--|---|--|---|---|---|
| <p>1. Fill out the form by entering the necessary information in the appropriate spaces.</p> | ▶ | <p>2. Send the completed document to the <i>Direction générale de l'IVAC</i>:</p> <table border="0"> <tr> <td style="padding-right: 20px;"> <p>Online
www.ivac.qc.ca</p> </td> <td style="padding-right: 20px;"> <p>By mail
1600, avenue d'Estimauville, CP 1400 Succ. Terminus
Québec (Québec) G1K 0K2</p> </td> <td style="vertical-align: top;"> <p>By fax
1 888 927-0003</p> </td> </tr> </table> | <p>Online
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1 888 927-0003</p> | | | |

Applicant Information			
Surname (as shown on the birth certificate)		IVAC File N°	
First name		Event date	
Address		Telephone	
Number	Street	App.	Main
P.O. Box	City/Municipality		Other
Province/State	Country	Postal code	

NOTICE OF WITHDRAWAL
<p>I, the undersigned, hereby declare that I withdraw my application filed with the <i>Direction générale de l'IVAC</i>, corresponding to the above number, made under (<i>please check</i>):</p> <p style="margin-left: 40px;">the Act to assist persons who are victims of criminal offences and to facilitate their recovery.</p> <p style="margin-left: 40px;">the Act to promote good citizenship.</p> <p>By withdrawing, I understand that I am waiving my rights under this Act.</p> <p>Therefore, I acknowledge that no benefit or financial assistance will be paid to me under this Act for the event that occurred on the above-mentioned date.</p> <p>I signed in _____ (city)</p> <p>on _____ (date)</p> <p>Signature _____</p>