



<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>
<p>Online www.ivac.qc.ca</p>	<p>By mail 1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1</p>
	<p>By fax 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.	
P.O. Box	City/Municipality		Main
Province/State	Country	Postal code	Other

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>the Act to assist persons who are victims of criminal offences and to facilitate their recovery.</p>	
<p>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>	
I signed in	_____ (city)
on	_____ (date)
Signature	_____