



Indemnisation
des victimes
d'actes criminels

**DECLARATION OF NON-RECEIPT OF FUNDS
BY THE NAMED AND INTENDED BENEFICIARY**

<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="vertical-align: top;"> <p>Online www.ivac.qc.ca</p> </td> <td style="vertical-align: top;"> <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 www.ivac.qc.ca</p>	<p>By mail 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</p>	<p>By fax 1 888 927-0003</p>
<p>Online www.ivac.qc.ca</p>	<p>By mail 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2</p>	<p>By fax 1 888 927-0003</p>		

1. Identification of the beneficiary		
Surname (as shown on the birth certificate)	First name	IVAC File N° <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>

2. Declaration of the beneficiary

To be signed by the beneficiary before the Commissioner for Oaths.

I, the undersigned _____, residing at _____
in _____, being aware of the following facts, solemnly declare that:

1. I am the beneficiary of cheque n° _____, issued by the *Direction générale de l'IVAC* on

Y	Y	Y	Y
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M	M
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D	D
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;
2. I have not endorsed the cheque and have not authorized anyone to endorse it for me or on my behalf.
3. I have not received, directly or indirectly, the amount or any part of the amount entered on the cheque and I have not benefited from it, directly or indirectly.
4. I undertake to return the cheque to the *Direction générale de l'IVAC* if it is delivered to me after another cheque is issued in my name.
5. All the facts set out in this declaration are true.

Beneficiary's signature (required)

Y	Y	Y	Y
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M	M
---	---

D	D
---	---

Solemnly declared before me at _____.

Commissioner for Oaths' first name and surname	Commissioner's number or title

Commissioner's signature

Y	Y	Y	Y
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M	M
---	---

D	D
---	---

Stamp