

Motor Dealer Customer Compensation Fund Cash Payment Affidavit

| I, of | | |
|--|-------------------------|--------------------|
| I, of | (City / town) | |
| of(Province) | MAKE OATH AND SAY THAT: | |
| On the day of | (Month of payment) | /(Year of payment) |
| I paid \$ in cash to | (Motor Dealer's name) | |
| in respect to the purchase of a | (Vehicle year, mak | ke, model) |
| SWORN BEFORE ME at the city of in the Province of this day of |))) | (Your signature) |
| A Commissioner for taking Affidavit the province of | • | |

DO NOT SIGN your Affidavit until a commissioner for taking affidavits is present.