

Declaration – Substitute Mailing Address

Avec vous,
au cœur de votre sécurité

I, the undersigned, _____, hereby declare that:

(enter your full name)

I have not had a municipal address corresponding to a place of residence since _____ and, for that reason, I am
(Year-Month-Day)
providing the address below.

Substitute mailing address

Street number	Street name		
Municipality		Province	Postal code
Type of address (check the appropriate box)			
<input type="checkbox"/> Friend's address <input type="checkbox"/> Family member's address <input type="checkbox"/> Other type of address (specify): _____			

Declarations and commitment

- I confirm that I have received the necessary authorization to have my mail delivered to the above address.
- I will take all reasonable measures to recover my mail without undue delay.
- I certify that the information provided in this declaration is accurate.

Additional information (where available)

Driver's licence number		Claim number	Date of birth (Year-Month-Day)
Previous address	Street number	Street name	
Municipality		Province	Postal code

Signature of the declarant

Last name (please print)		First name (please print)
<div> <div>Signature</div> <div>Municipality</div> <div>Date (Year-Month-Day)</div> </div>		

Protection of Personal Information

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