

# Motor Dealer Customer Compensation Fund

Claim between:

\_\_\_\_\_

(Your name)

and

\_\_\_\_\_

(Motor Dealer's name)

## Cash Payment Affidavit

I, \_\_\_\_\_, of \_\_\_\_\_

(Your name)

(City / town)

of \_\_\_\_\_ **MAKE OATH AND SAY THAT:**

(Province)

On the \_\_\_\_\_ day of \_\_\_\_\_,

(Date of payment)

(Month of payment)

(Year of payment)

I paid \$ \_\_\_\_\_ in cash to \_\_\_\_\_

(Motor dealer's name)

in respect to the purchase of a motor vehicle.

SWORN BEFORE ME

at the city of \_\_\_\_\_)

in the Province of \_\_\_\_\_)

this \_\_\_\_\_ day of \_\_\_\_\_)

\_\_\_\_\_.)

\_\_\_\_\_)

\_\_\_\_\_)

A commissioner for taking Affidavits for \_\_\_\_\_)

the province of \_\_\_\_\_)

\_\_\_\_\_  
(Your signature)