



Motor Dealer Customer Compensation Fund 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 _____
(Amount paid) (Motor Dealer's name)

in respect to the purchase of a _____
(Vehicle year, make, model)

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)

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