

# Sworn Statement or Affidavit of Claimant



**Motor Vehicle  
Dealers  
Compensation Fund**

This is a sworn affidavit or statement, and requires an oath to be sworn or an affirmation to be made before a commissioner of oaths, notary public or a lawyer.

Please ensure the following information is included: official's name (legibly printed), the commission's date of expiry, and address and phone number of the person taking your affidavit.

IN THE MATTER OF A CLAIM FOR COMPENSATION FROM THE MOTOR VEHICLE DEALERS COMPENSATION FUND UNDER THE **MOTOR VEHICLE DEALERS ACT** OR **MOTOR VEHICLE DEALERS ACT, 2002** AND REGULATIONS THERETO:

Please provide the reasons or basis of your claim, a description of the vehicle and the nature of the transaction or contract. Include all relevant dates and details of phone calls, letters or emails related to your claim with the dealer. *(Please attach additional sheets as necessary.)*

---

---

---

---

I understand and acknowledge that the making of a false statement under oath or solemn affirmation, such as this affidavit or sworn statement, may be an offence and may disentitle me from compensation.

Signed,

---

Signature of Claimant(s)

## TO BE COMPLETED BY OFFICIAL TAKING THE AFFIDAVIT:

This affidavit was sworn/affirmed before me at the city of \_\_\_\_\_ in the  
City/Town  
province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Province Month Year

---

Signature of Official Taking the Affidavit

---

Name of Official

---

Address of Official

---

Phone Number of Official