

COMPLETE IN TRIPLICATE

Affidavit of Loss

I / We (print name), _____ (hereinafter called "Deponent") of legal age, being duly sworn, depose and state that:

1. Deponent's Full Address (Please include Province/State and Postal/Zip Code):				
2. a) Deponent's Home Phone:				
b) Deponent's Business Phone:				
c) Deponent's Email:				
3. Applicant(s) Birth date (dd/mmm/yy):				
4. If the Deponent is a corporation: I am authorized to make this Affidavit on behalf of _____ _____ and have personal knowledge of the facts hereinafter deposed to.				
5. Description of Lost Share <input type="checkbox"/> Certificate <input type="checkbox"/> Bond (hereinafter called the "Original", whether one or more):				
Certificate/Bond Number	Number of Shares / Bond Value (\$)	Class of Shares (i.e. common, Class A etc.)	Issued By (hereinafter referred to as the "Issuing Corporation")	Registered in the Name of
6. The said Original has been lost, stolen, destroyed or misplaced under the following circumstances:				
a) How Lost:				
b) Where Kept:				
c) When misplaced / Date of loss (dd/mmm/yy):				
d) If stolen, provide details and copy of police report:				
7. Was Original endorsed for transfer? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, describe form of endorsement and state whether signature was guaranteed.				
8. Deponent has made or caused to be made a search for the Original and has been unable to find or recover same.				

9. a) Deponent was the unconditional owner of the Original at the time of loss and is entitled to the full and exclusive possession thereof; and
b) neither the Original nor the rights of the Deponent therein have, in whole or in part, been assigned, transferred, hypothecated, pledged or otherwise disposed of, in any manner whatsoever; and
c) no person, firm or corporation other than Deponent has any right, title claim, equity or interest in, to, or respecting the Original or the proceeds thereof; **OR**
d) **Deponent's interest in the Original is in a representative or fiduciary capacity, as follows;**

Deponent is _____ for _____
(example – Estate Trustee, Administrator, Guardian, Power of Attorney, etc.)

The following person(s) have an interest in the Original as indicated below;

Name and Address:	Percentage of Interest:
_____	_____ %
_____	_____ %
_____	_____ %

10. If Deponent should find or recover the Original, Deponent will immediately surrender the same to the Issuing Corporation, its transfer agents, or trustees for cancellation without receiving any consideration thereof.

Signed sealed and dated, this _____ day of _____, 20_____.

DEPONENT SIGN HEREUNDER:

Signature of Deponent _____ Printed Name of Deponent & Title if Applicable _____ Address of Deponent _____ Phone Number of Deponent _____	On this _____ day of _____, 20_____ before me personally appeared _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, duly acknowledges to me that he/she executed the same for the purpose above stated, and being duly sworn, did depose and say that the statements therein contained are true. A Commissioner Notary public in and for the Province/State of _____ Notary Public _____ (Affix Notarial Seal) My Commission Expires: _____
--	---

Signature of Deponent _____ Printed Name of Deponent & Title if Applicable _____ Address of Deponent _____ Phone Number of Deponent _____	On this _____ day of _____, 20_____ before me personally appeared _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, duly acknowledges to me that he/she executed the same for the purpose above stated, and being duly sworn, did depose and say that the statements therein contained are true. A Commissioner Notary public in and for the Province/State of _____ Notary Public _____ (Affix Notarial Seal) My Commission Expires: _____
--	---

Signature of Deponent _____ Printed Name of Deponent & Title if Applicable _____ Address of Deponent _____ Phone Number of Deponent _____	On this _____ day of _____, 20_____ before me personally appeared _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, duly acknowledges to me that he/she executed the same for the purpose above stated, and being duly sworn, did depose and say that the statements therein contained are true. A Commissioner Notary public in and for the Province/State of _____ Notary Public _____ (Affix Notarial Seal) My Commission Expires: _____
--	---