



Stock transfer Agent

Affidavit of Loss and Indemnity Agreement

Use this form to report a certificate lost, stolen, or permanently damaged.

Registration Name							
Social Security or Tax ID Number							
Phone Number							
E-Mail Address							
Mailing Address							
Descr	iption of	Lost S	Security:			_	
Certificate Number		Number of Shares					
Issuer		Issue Date					
State of Incorporation of Issuer		Restriction on Shares (if any)					
Type of Loss: (check one)	Loss		Stolen		Destroyed		
•		•	, -		gal age, being duly swor	•	
1. The Deponent resides at the address beneficial owner of the security stated a						-	
•		_	nently damage			·	
3. The certificate was w	as not (ci	rcle one	e) pledged and	d/or	endorsed at the time of I	oss or	
destruction. 4. Deponent has made dilig	ent searcl	n for th	e original certi	ificat	e and has been unable t	to find or	
recover the security. The Deponent has		•			•	•	
under any agreement, and has not signed a Power of Attorney or other authorization respecting the same except							
as stated above. 5. The Deponent hereby requests that a stop transfer be placed on the certificate, and that the							
transfer agent and issuer refuse to trans				ned 1	or any action by any par	ty other than	
the Deponent; and that the transfer age	nt replace	the ce	rtificate.				

Send this form to inbox@cleartrusttransfer.com

6. To induce the transfer agent and issuer to effect the Deponent's request, the Deponent has secured a surety bond sufficient to hold the transfer agent, issuer, their respective legal representatives, and their successors and

assigns, harmless for any and all loss, damage, expense or liability related to the original certificate ar	nd/or its
replacement. (Documentation evidencing the surety bond is attached hereto.) 7. If the Deponent recovered	vers the
original stock certificate, the Deponent shall immediately return the certificate to the transfer agent for	prompt
cancellation if the certificate has since been replaced, or shall immediately notify the transfer agent in	writing that
the certificate is recovered if the original has not been replaced by that time.	
Printed Name	
Signature	
Date	
STATE OF	
COUNTY OF	
On the of, 20, before me,	
Notary Public, personally appeared	
personally known to me or proven to me on the basis of satisfactory evidence to be the person(s) who	
is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the sar	
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the personentity on behalf of which the person(s) acted, executed the instrument.	on(s), or the

WITNESS my hand and official seal

My Commission Expires_____

Named Printed _____

Signature Date _____

, Notary Public