



REQUEST FOR REPLACEMENT OF SUPPLIER LOST, STOLEN OR MISDIRECTED ASSISTANCE PAYMENT

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Employment and Assistance Act or the Employment and Assistance for Persons with Disabilities Act. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance Centre.

Case #:
SR #:

TO: The Province of British Columbia

WHEREAS I the undersigned, am the payee, or am legally entitled to sign on behalf of the payee and have represented to you that assistance payment no.: dated the day of (year) issued by you in the amount of Dollars has been lost, destroyed, stolen or misdirected without having been negotiated by me, request you to issue a replacement payment payable to the payee in the said amount.

In consideration of your providing a replacement payment in the amount of , and stopping the first payment, I covenant and agree not to take any benefit from the first payment if it should ever come into my possession or control. In such an event, I shall promptly deliver the first payment to the ministry.

Local Office Address

Date at: this day of (year)

SIGNED, SEALED AND DELIVERED BY: in the presence of:

WITNESS SIGNATURE
WITNESS NAME TELEPHONE NUMBER

PRINT NAME IF SIGNATURE ON BEHALF OF PAYEE
SIGNATURE OF PAYEE OR AUTHORIZED REPRESENTATIVE
PAYEE ADDRESS
TELEPHONE NUMBER
TITLE

MINISTRY USE ONLY

E.A.C. CODE:

AUTHORIZATION NO.:

Client Name
File ID
Lost, Destroyed, Stolen Cheque or Misdirected Payment Type of Payment (Tick one)
Computer
Imprest
EFT

Replacement Information
Payment Amount(s)
Payment Number(s)
Payment Date(s)