



DECLARATION AND UNDERTAKING FOR A CLIENT LOST OR STOLEN 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* and 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 this form should be directed to your Employment and Assistance Office.

IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE REPRESENTATION

PLEASE SEE REVERSE FOR INSTRUCTIONS

DECLARATION

LOST OR STOLEN PAYMENT			MISSING PAYMENT NO.	
<input type="checkbox"/> EMPLOYMENT AND ASSISTANCE COMPUTER	<input type="checkbox"/> IMPREST	<input type="checkbox"/> MISDIRECTED EFT		

PAYABLE TO:	CASE NUMBER	DATE OF PAYMENT (YYYY MMM DD)	AMOUNT
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FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHDATE (YYYY MMM DD)	declare that:
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- I am the payee.
- If a cheque, I have not endorsed or cashed the cheque.
- I have not received any benefit or value for the payment.

4. ON THE DAY THAT THE PAYMENT WAS ISSUED I RESIDED AT:

AND MY PRESENT ADDRESS IS: SAME AS ABOVE

5. Place an "x" in the appropriate box.

I have not received the cheque or electronic deposit I received the cheque but I no longer have it.

6. Circumstances regarding knowledge of cheque:

(city/town) (day) (month) (year)

Signed before me at: _____ in the Province of British Columbia, this _____ day of _____,

<small>I have read and understand this declaration and I make this declaration believing it to be true.</small>	SIGNATURE OF PAYEE	SIGNATURE OF WITNESS	NAME OF WITNESS (PLEASE PRINT)
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UNDERTAKING

In consideration of receiving a replacement payment in the amount of \$ _____, if applicable, I agree and acknowledge that the original payment becomes the property of the Province of British Columbia. I understand that a stop payment may be placed and that I have no right to the original payment. I undertake that if I come into possession of the original payment, I will return it to the Province of British Columbia. I understand that receiving any benefit from the original payment is fraudulent and that it may result in criminal and/or civil proceedings against me.

(city/town) (day) (month) (year)

Signed before me at: _____ in the Province of British Columbia, this _____ day of _____,

<small>I have read and understand this declaration and I make this declaration believing it to be true.</small>	SIGNATURE OF PAYEE	SIGNATURE OF WITNESS	NAME OF WITNESS (PLEASE PRINT)
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MINISTRY USE ONLY - ALL FIELDS MUST BE COMPLETED

OFFICE CODE	AUTHORIZATION NUMBER	REPLACEMENT INFORMATION	PAYMENT NUMBER
IDENTIFICATION PRESENTED (PLEASE SPECIFY)	NO REPLACEMENT ISSUED <input type="checkbox"/>	PAYMENT DATE DATE (YYYY MMM DD)	PAYMENT AMOUNT

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INSTRUCTIONS

1. Provide all applicable information. Ensure that the **MISSING PAYMENT NUMBER AND DATE OF ISSUE** fields are completed.
2. Include the payee's full name, address and:
 - a) the city or town in which he/she resided on the day that the payment was issued.
 - b) current address if different from (a).
3. In question 4, complete the box that most accurately describes circumstances of the payment loss.
4. In question 5, include details of the loss. Examples include:
 - The cheque was not received in the mail.
 - Purse or wallet and identification were stolen/lost.
 - Theft was reported to the police (provide the file number, investigating officer's name, badge number and police agency).
 - Should not replace if cheque was signed (considered lost cash)
 - Bank account closed, wrong account number, or client did not request EFT
5. Ensure that the client endorses this form and that his/her signature is witnessed by a ministry employee.
6. Ensure that all fields are accurately completed. If a replacement payment is not issued, include this information on the HR0024 document.

NOTE: The authorization number is system generated when a stop payment transaction is completed.

7. File the original HR0024 document in the client's case file