



DECLARATION AND UNDERTAKING FOR A LOST OR STOLEN CHEQUE

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 CHEQUE		MISSING CHEQUE NO.	
<input type="checkbox"/> EMPLOYMENT AND ASSISTANCE COMPUTER		<input type="checkbox"/> IMPREST		<input type="checkbox"/> MISDIRECTED EFT	
PAYABLE TO:		CASE NUMBER		DATE OF CHEQUE (YYYY MMM DD)	
				AMOUNT	
GIVEN NAME		SURNAME		BIRTHDATE (YYYYY MMM DD)	
I,				declare that:	
1.		I am the payee of the cheque.			
2.		I have not endorsed or cashed the cheque and I have not received any benefit or value for it.			
3.		ON THE DAY THAT THE CHEQUE WAS ISSUED I RESIDED AT:			
		a)			
		AND MY PRESENT ADDRESS IS:			
		b)			
4.		Place an "x" in the appropriate box.			
		<input type="checkbox"/> I have not received the cheque or electronic deposit		<input type="checkbox"/> I received the cheque but I no longer have it.	
5.		Circumstances regarding knowledge of cheque:			
		(city/town)		(day) (month) (year)	
Signed before me at:		in the Province of British Columbia, this		day of	
I have read and Understand this declaration and I make this declaration believing it to be true.		SIGNATURE OF PAYEE		SIGNATURE OF WITNESS	
				NAME OF WITNESS (PLEASE PRINT)	

UNDERTAKING

In consideration of receiving a replacement cheque in the amount of \$ _____, if applicable, I agree and acknowledge that the original cheque becomes the property of the Province of British Columbia. I understand that a stop payment may be placed on the cheque and that I have no right to the original cheque. I undertake that if I come into possession of the original cheque, I will return it to the Province of British Columbia. I understand that presenting the original cheque for payment or receiving any benefit from it 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	
I have read and Understand this declaration and I make this declaration believing it to be true.		SIGNATURE OF PAYEE		SIGNATURE OF WITNESS	
				NAME OF WITNESS (PLEASE PRINT)	

MINISTRY USE ONLY - ALL FIELDS MUST BE COMPLETED

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

**DECLARATION AND UNDERTAKING
FOR A LOST OR STOLEN CHEQUE****INSTRUCTIONS**

1. Provide all applicable information. Ensure that the **MISSING CHEQUE 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 cheque was issued.
 - b) current address if different from (a).
3. In question 3, complete the box that most accurately describes circumstances of the cheque loss.
4. In question 4, 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 cheque is not issued, include this information on the HSD0024 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