



REQUEST FOR REPLACEMENT CHEQUE LOST, DESTROYED OR STOLEN ASSISTANCE 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 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.

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 cheque no.: \_\_\_\_\_ dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year) drawn and issued by you, in the amount of \_\_\_\_\_ Dollars \_\_\_\_\_

has been lost, destroyed or stolen without having been negotiated by me, request you to issue a replacing duplicate cheque payable to the payee in the said amount.

In consideration of your providing the payee a new cheque in the amount of \_\_\_\_\_, and stopping the first cheque. I covenant and agree not to cash, or take any benefit from the first cheque if it should ever come into my possession or control. In such an event I shall promptly deliver the first cheque to the Ministry of Social Development and Social Innovation.

Date at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

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

Witness Signature, Witness Name, Telephone #

Print name if signature on behalf of payee, Signature of payee or authorized representative, Payee address, Telephone #, Title

MINISTRY USE ONLY

E.A.C. CODE: [ ] [ ] [ ]

AUTHORIZATION NO.: [ ]

Client Name, File ID

Lost, Destroyed or Stolen Cheque Type of Cheque (Tick one) Computer Imprest

Replacement Information

Cheque Number(s), Cheque Date(s), Cheque Amount(s)