



Collection of personal information on this form is done under the authority and will be used for the purpose of administration and enforcement of the Employment and Assistance Act, Employment and Assistance for Persons with Disabilities Act and the Child Care Subsidy Act. Disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions concerning the collection, use or disclosure of this information should be referred to the Regional Supervisor, Prevention and Loss Management Services.

To be completed and signed by intended payee where another person has endorsed the item in the name of that payee

I(We), _____ declare that, with reference to the attached item in the amount of _____ drawn on account number _____ on _____, and purporting to be endorsed by me(us). (YYYY MMM DD)

I(We) did not endorse the item nor did I(We) authorize anyone to endorse the item on my(our) behalf.

I(We) became aware of this situation on _____ (YYYY MMM DD)

on _____ Date (YYYY MMM DD)

Signed _____

Witness _____

Witness _____

