



**Motor Dealer Customer Compensation Fund
Cash Payment Affidavit**

I, _____ of _____
(Your name) (City / town)

of _____ **MAKE OATH AND SAY THAT:**
(Province)

On the _____ day of _____, _____
(Date of payment) (Month of payment) (Year of payment)

I paid \$ _____ in cash to _____
(Amount paid) (Motor Dealer's name)

in respect to the purchase of a _____
(Vehicle year, make, model)

SWORN BEFORE ME
at the city of _____)
in the Province of _____)
this _____ day of _____)
_____)
_____)
A Commissioner for taking Affidavits for)
the province of _____)

(Your signature)

DO NOT SIGN your Affidavit until a commissioner for taking affidavits is present.