

INSTRUCTIONS FOR COMPLETING STATUTORY DECLARATION

You have been asked to complete the attached documents to support a reduction or delay in payments of your outstanding balance.

All pages of the attached document must be completed and an <u>original</u> copy returned to our office and <u>MUST</u> be signed in front of a Lawyer or Notary Public.

You can locate a lawyer or notary public at either of the two links:

http://www.notaries.bc.ca/findNotary/searchForm.rails

http://www.lawsociety.bc.ca/page.cfm?cid=8&t=Find-a-Lawyer

In addition to completing this document, please ensure you have attached copies of:

- Recent Paystubs from every employer for each debtor;
- Previous two (2) years of tax assessments from Canada Revenue Agency for each debtor:
- Mortgage Statement s(if applicable);
- > Investment Statements (if applicable); and
- > Two (2) years of financial statements or tax returns for each self-employed individual.

If you have any additional questions, do not hesitate to contact your Account Manager.

You may obtain a copy of your *Notice of Assessment* from the Canada Revenue Agency. Please call 1-800-959-8281 or visit http://www.cra-arc.gc.ca/ for further information.

STATUTORY DECLARATION

Account Number:	

Canada

In the Matter of

Province of Municipality of

To Wit:

of the	of		in the		
_	(City, Town etc)	(name of City or Town)			
	Aunicipality, District or County)	(name of Municipality, District or County)			
provin	nce of	, do solemnly declare, that:			
1.	My full current name is:				
2.	My previous names including birth nam	e and aliases are			
3.	My current address:				
4.					
5.	My date of birth is:				
6.	My E-Mail address is:				
7	My occupation is:				
8.	My current employer is:				
9.	My current employer's address is:				
10.	. My current employer's telephone number is:				
11.	. My current other household earner's name is:				
12.	. My other household earner's date of birth is:				
13.	. My other household earner's occupation is:				
14.	My other household earner's current employer is:				
15.	. My other household earner's current employer's current address is:				
16.	My other household earner's current em	ployer's telephone number is:			
17.		ory Declaration is a statement of all of my assets and			
18.		ory Declaration is a complete statement of my month	=		
19.	. Attached as Schedule "C" to this Statutory Declaration is a complete statement of my monthly expenses.				
	I make this Solemn Declaration conscient as if made under oath.	iously believing it to be true, and knowing that it is	of the same force and		
Declar	red before me at				
this	day of,				
		(signature of declarant)			
A Con	nmissioner for taking oaths in and for the ace of				

STATEMENT OF ASSETS AND LIABILITIES

(Schedule A)

AS OF	

ASSETS

Bank Account – Chequing		\$
Bank Account – Savings		
Term Deposits/GICs		
Stocks/Bonds		
RRSPs		
Tax Refunds due from Canada	Revenue	
Agency**		
Other Assets		
Fixed Term GICs		
Life Insurance (Surrender Value	e)	
Automobile, Year		
Make	_Est'd Value	
Automobile, Year	_	
Make	_ Est'd Value	
Real Estate		
Personal Property		
Other (attach list if necessary)		
	TOTAL	\$

LIABILITIES

%		
%		
		-
TOTAL	\$	
	%	%

STATEMENT OF MONTHLY INCOME (Schedule B)

MONTHLY INCOME			TOTAL
	(Debtor)	(Debtor)	
Gross Salary	\$	+	=
Less:	'	+	=
C.P.P.		+	=
E.I.		+	=
Income Taxes		+	=
Pension		+	=
Dental/Health Plan		+	=
Life Insurance		+	=
Disability Insurance		+	=
Union Dues		+	=
CDA Savings Bonds		+	=
Garnishment		+	=
Other		+	=
Other		+	=
Net Monthly Income		+	=
Add:		+	=
Commission Income		+	=
Pension Income		+	=
Investment Income		+	=
Rental Income		+	=
Employment Income		+	=
Social Assistance		+	=
Child/Spousal Support		+	=
Г			
Total Monthly Income			

If you have any dependants please indicate how many _____ and ages ____; ____; ____

"PROVIDE COPY OF CURRENT PAY STUB FOR EACH DEBTOR INCOME"

STATEMENT OF MONTHLY INCOME (Schedule C)

MONTHLY EXPENSES

Rent houseapartment	\$
Property Taxes	
Household Insurance	
Utilities	
Food	
Telephone	
Clothing	
Car Payments LeasePurchase	
Car Payments LeasePurchase	
Gas/Oil	
Repairs	
Car Insurance	
Public Transit	
Prescriptions	
Child Care	
Child Care/Spousal Support	
Life Insurance	
American Express	
MasterCard	
Visa	
Credit Cards	
1 st Mortgage	
2 nd Mortgage	
Other Loan	
Other Loan	
Other	
Other	

If you need additional space or would like to provide further explanation, please attach your comments.

TOTAL MONTHLY EXPENSES