

Permanent code assigned by the Ministère

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I, the undersigned, \_\_\_\_\_  
first name and last name

\_\_\_\_\_ place of residence

do solemnly make the following statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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# Signatures

Signatures of Student and Commissioner for Oaths \_\_\_\_\_

I hereby declare that the information provided on this form is true, accurate and complete. I understand that this statement has the same force and effect as if made under oath in accordance with the *Canada Evidence Act*.

X \_\_\_\_\_  
Student's signature

|      |   |  |   |  |   |  |  |
|------|---|--|---|--|---|--|--|
| Date |   |  |   |  |   |  |  |
|      | Y |  | M |  | D |  |  |

\_\_\_\_\_ Place

X \_\_\_\_\_  
Signature of commissioner for oaths

|      |   |  |   |  |   |  |  |
|------|---|--|---|--|---|--|--|
| Date |   |  |   |  |   |  |  |
|      | Y |  | M |  | D |  |  |

\_\_\_\_\_ Place

|        |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|
| Number |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|