



Saskatchewan
Advanced Education
and Employment

Student Financial
Assistance

Provincial Training
Allowance

4635 Wascana
Parkway Box 650
Regina SK S4P 3A3
Tel. (306) 787-5620

Statutory Declaration - Lost or Stolen Cheques Provincial Training Allowance

File No.

For Office Use Only

Client Social
Insurance Number

Client Personal
Health Number

I, _____, of _____, _____
full name of student *city/town/village* *province*

Solemnly declare that:

1. **Provincial Training Allowance** in the amount of

\$ _____ issued on the _____ day of _____, 200____, by the Province
of Saskatchewan, was: *(specify reason)* _____

2. **I have not benefited** from the proceeds of the aforesaid cheque.

3. **I have no knowledge** of anyone benefiting from the aforesaid cheque.

4. **I will immediately return** the said original cheque if or when it is found by me or returned to me.

And I make this Solemn Declaration conscientiously, believing it to be true, and knowing it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME

at _____,
city/town/village

_____,
province

this _____ day of _____, 200____.

X _____

A COMMISSIONER FOR OATHS

in and for the Province of _____.

My Appointment expires _____.
date

(Please note: A Commissioner for Oaths cannot be a relative of the Student.)

Student's Signature

_____, 200____
Date