



Akwesasne Area Management Board

LOST CHEQUE DECLARATION FORM

FILE NUMBER:	
PAYEE:	
AMOUNT:	
CHEQUE NUMBER:	
CHEQUE DATE:	

I DECLARE THAT I HAVE NOT RECEIVED THE ABOVE CHEQUE. I WOULD LIKE TO REQUEST A REPLACEMENT CHEQUE. I UNDERSTAND THAT I AM REQUIRED TO RETURN THE ABOVE CHEQUE [SHOULD I RECEIVE IT], TO THE TO THE AKWESASNE AREA MANAGEMENT BOARD IMMEDIATELY.

PARTICIPANT'S SIGNATURE:	
DATE SIGNED:	
SIGNATURE ON BEHALF OF THE AAMB:	
POSITION:	
DATE SIGNED:	