



Undertaking and Indemnity For Cheques issued by the Receiver General

Instructions

If you have not received or have lost your cheque, please complete this form in black or blue ink and return it to the department responsible for the program and payment. If the original cheque has been cashed, a copy of the cashed cheque will be sent to you so that you can review the endorsement. **Note:** For amounts over \$5,000, form *PWGSC-TPSGC 540 - Affidavit (Cheques)* may also be required.

Please ensure you complete the following:

1. This form must be signed by you (as the payee) and witnessed by a non-family member. Both you and your witness must provide the following: name, signature, address, and the date signed.
2. If the payee or holder for value is a federal, provincial, or municipal government or agency, a financial institution, a partnership, a corporation or an incorporated company, the form must be signed by the authorized officer and their name and title must be printed below the signature.
3. If an authorized person signs this form on behalf of the payee or holder for value, the capacity or authority under which it is signed must be described.

To: The Receiver General for Canada:

I, the undersigned, _____, hereby certify that
Full Name of Payee or Holder for Value

I do not have in my possession cheque number _____ dated _____ made payable
Cheque Number

to _____

or any cheque for \$ _____ * covering _____
Amount and Currency Program/Payment Type

* Where applicable, this amount represents \$ _____ CAN converted at _____ % exchange rate.

I undertake to return the original cheque, uncashed, to the Receiver General for Canada should it ever come into my possession. If another cheque is issued in place of the original cheque referred to above, I agree to indemnify (reimburse) and save harmless the Crown from any loss or expense incurred.

I further declare that I have not benefited in any way either directly or indirectly through the cashing of said cheque.

If I benefit directly or indirectly through the cashing of the above-noted cheque, I will indemnify and save harmless the Crown from any loss or expense incurred.

For payments in non-Canadian funds, I understand that by submitting this form that should I cash the above cheque, I could be charged an additional fee at the financial institution which is beyond the control of the Crown.

I/We understand that making a false declaration is a criminal offense. ***All fields in this section must be completed***

Signature of Payee or Holder for Value		Signature of Witness	
_____ Signature	_____ Date	_____ Signature	_____ Date

Name and Address of Payee or Holder for Value

Name and Address of Witness

_____ _____ _____	_____ _____ _____
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This section to be completed only when a legal representative (authorized officer or authorized person) signs on behalf of payee or holder for value (see instructions 2 and 3 above):

I further declare that I, the undersigned, _____, am authorized
Name of Authorized Officer

as _____ to sign this form.
Title or Authority