

WAGE EARNER PROTECTION PROGRAM (WEPP) SUBROGATED DEBT REMITTANCE FORM FOR TRUSTEE/RECEIVER

INSTRUCTIONS

This remittance form must be completed when sending payment to the Government of Canada for the applicant's WEPP payment subrogated debt.

You can also provide an excel spreadsheet for part 3, if you wish.

Once completed, please send this completed form with the payment to:

ESDC - Trustee Payments PO Box 6044 Moncton, NB E1C 9G8

Should you have any questions or concerns about this form, please contact Service Canada at 1-866-683-6516 (TTY: 1-800-926-9105). For additional information about the [Wage Earner Protection Program](https://www.canada.ca/en/employment-social-development/services/wage-earner-protection.html) please visit the web site at: <https://www.canada.ca/en/employment-social-development/services/wage-earner-protection.html>

PART 1 - PAYER INFORMATION

1) Payer Organization Name	2) Street Address	3) City	4) Province/Territory
5) Postal code (A1A 1A1)	6) Name of the Contact Person	7) Telephone number (999) 999-9999	Communication Preferred In: ☐ English ☐ French

PART 2 - BUSINESS BANKRUPTCY/INSOLVENCY INFORMATION

8) Employer Name	9) Street Address	10) City	11) Province/Territory
12) Postal code (A1A 1A1)	13) Employer's Canada Revenue Agency Business Number	14) Estate ID (Receivership/Bankruptcy Number)	
15) Are the payments subject to the Office of the Superintendent of Bankruptcy (OSB) levy fees? ☐ Yes ☐ No			

PART 3 - PAYMENT INFORMATION

ESTATE ID:

Social Insurance Number (SIN 999 999 999)	Applicant Name	Amount of Payment (Super-Priority \$999,999.99)	Amount of Payment (Non-Secured \$999,999.99)	Amount of Payment (OSB levy fee amount \$999,999.99)

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