



**COMMON EXPERIENCE PAYMENT FOR FORMER STUDENTS
WHO RESIDED AT INDIAN RESIDENTIAL SCHOOL(S)**

PLEASE PRINT

GUARANTOR DECLARATION

**Used to support Identity validation of Applicant (Former Student or Personal Representative)
Must be accompanied by CEP application**

This Guarantor Declaration will be accepted to establish that the current name used by the applicant in the CEP application is the same name by which the applicant is known to the guarantor. Service Canada may contact the guarantor to verify their declaration.

Please place a check mark against the statement below that applies to your situation.

This Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant **cannot**:

- ☐ **Submit an identity document with a photograph as required in support of the CEP application.**
- ☐ **Obtain the identity document(s) required in support of the CEP application.**
- ☐ **Obtain the identity documents outlined in the CEP application that support a change of name.**

Please ensure that a completed and signed application for the Common Experience Payment along with the supporting documentation (e.g. identity documents) where relevant, is also submitted. Service Canada may contact the persons identified in this form to verify their declaration.

1. APPLICANT'S INFORMATION

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

First Name(s) Middle Name(s) (if applicable) Last Name(s) Year/Month/Day

Current Address:

(P.O. Box, Street No., Street, Apt., R.R.) City/Town/Community

Province/Territory/State Postal/Zip Code Country

**Date of Birth (YYYY/MM/DD) Telephone Number CEP Application Reference Number
(if known)**

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)

2. SIGNATURE

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Signature

Year/Month/Day

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and the Department of Social Development Act (DSD Act). I have the right to request access to my personal information pursuant to the Privacy Act, and I am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DSD Act and outlined in the Personal Information Bank (ESDC PPU 100).

3. SIGNATURE WITH A MARK

If signed with a mark (for example symbol/"X"), the mark must be made in the presence of a witness. A witness may be a relative.

The witness must provide the following information:

WITNESS'S INFORMATION

First Name(s)

Middle Name(s) (if applicable)

Last Name(s)

Relationship to the Applicant: _____

Address of Witness:

(P.O. Box, Street No., Street, Apt., R.R.)

City/Town/Community

Province/Territory/State

Postal/Zip Code

Country

Telephone Number

If signed with a mark, the witness must also sign the following declaration:

I have read the content of this form to the applicant who understands and confirms the complete content and who made his or her mark in my presence.

Signature of Witness

Year/Month/Day

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4. GUARANTOR INFORMATION		LANGUAGE PREFERENCE	
☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.		☐ English ☐ French	
First Name(s)		Middle Name(s) (if applicable)	
Last Name(s)			
5. MAILING ADDRESS OF GUARANTOR			
Name of organization (if applicable)			
(P.O. Box, Street No., Street, Apt., R.R.)		City/Town/Community	
Province/Territory/State		Postal/Zip Code	
		Country	
6. TELEPHONE NUMBERS OF GUARANTOR			
Home		Business	
		Cell/Other	
7. OCCUPATION OF GUARANTOR			
Please indicate your occupation:			
☐ Chief or Councilor of First Nations Band Council Council of the Métis Settlements General ☐ Council and Members of the Saskatchewan Provincial Métis Council ☐ Members of the Saskatchewan Provincial Métis Council ☐ Dentist ☐ Executive Officer of Nunavut Tungavik Inc Executive Officer of Inuvialuit Regional ☐ Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) ☐ Executive Officer of Makivik (Northern Quebec) ☐ Judge ☐ Lawyer (member of a provincial bar association) ☐ Notary in Quebec ☐ Magistrate ☐ Mayor ☐ Medical doctor		☐ Minister of religion authorized under provincial law to perform marriages ☐ Notary public ☐ Optometrist ☐ Pharmacist ☐ Police officer (municipal, provincial or RCMP) ☐ Postmaster ☐ Principal of a primary or secondary school ☐ Professional accountant (APA, CA, CGA, CMA, PS, RPA) ☐ Professional engineer (P. Eng., Eng. In Quebec) ☐ Senior administrator in a community college (includes CEGEPs) ☐ Senior administrator or teacher in a university ☐ Social Worker with MSW (Masters in Social Work) ☐ Veterinarian	

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8. GUARANTOR DECLARATION:

I hereby declare that I have known the applicant as _____
(PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years. My signature indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

Name (print)_____
Guarantor's Signature_____
Year/Month/Day

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and Department of Social Development Act (DSD Act). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DSD Act and outlined in the Personal Information Bank (ESDC PPU 100).

To be mailed to:

**CEP Processing Centre
100-6712 Fisher Street SE
Calgary, AB
T2H 2A7**

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