

# Cash Payment Affidavit

Complete this form only if payment was in cash.



**Motor Vehicle  
Dealers  
Compensation Fund**

## CLAIM BETWEEN:

\_\_\_\_\_ and \_\_\_\_\_  
Name(s) of Claimant(s) Motor Vehicle Dealer's Name

## TO BE COMPLETED BY CLAIMANTS:

I/We, \_\_\_\_\_ of \_\_\_\_\_  
Name(s) of Claimant(s) City/Town

make oath and say that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I paid \$ \_\_\_\_\_ in cash  
Month Year Amount of Payment

to \_\_\_\_\_ in respect to the trade of a motor vehicle.  
Motor Vehicle Dealer's Name

Attached to this affidavit and marked as Exhibit "A" is a copy of the receipt or other documentation given to me by  
\_\_\_\_\_, dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, with respect to this payment.  
Name of Dealer Contact Month Year

Signed,

\_\_\_\_\_  
Signature of Claimant(s)

## TO BE COMPLETED BY OFFICIAL TAKING THE AFFIDAVIT:

This cash payment affidavit was sworn/affirmed before me at the city of \_\_\_\_\_  
City/Town

in the province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Province Month Year

\_\_\_\_\_  
Signature of Official Taking the Affidavit

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Address of Official

\_\_\_\_\_  
Phone Number of Official