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