

Notice and Consent



**Motor Vehicle
Dealers
Compensation Fund**

NOTE: PLEASE ENSURE THAT YOU HAVE READ THIS DOCUMENT IN FULL BEFORE SIGNING BELOW. PROVIDING FALSE INFORMATION REGARDING YOUR CLAIM FOR COMPENSATION MAY DISENTITLE YOU TO PAYMENT.

I hereby consent to the use of information provided on the forms in support of my claim to the Motor Vehicle Dealers Compensation Fund and/or in the use of information obtained as a result of their verification to determine whether my claim qualifies for payment for which I am applying, and to use and disclose such information to others for purposes which are consistent with the Motor Vehicle Dealers Compensation Fund claim request and the **Motor Vehicle Dealers Act** or **Motor Vehicle Dealers Act, 2002** and relevant Regulations, and with the provision of non-identifiable statistical information.

I authorize the Motor Vehicle Dealers Compensation Fund and/or the Ontario Motor Vehicle Industry Council to collect such additional information about me as may be necessary to complete or verify the information contained on these forms, and further agree to furnish any additional authorization or release to obtain information to determine my eligibility for compensation.

The sources that the Motor Vehicle Dealers Compensation Fund and/or the Ontario Motor Vehicle Industry Council seek information from may include, but are not limited to, the dealership, law enforcement agencies, the Ministry of Transportation, the Superintendent of Bankruptcy, the Trustee in Bankruptcy, insurance companies, the provider of extended warranties and other agencies that may be deemed necessary.

I certify that the information provided by the undersigned in support of the claim to the Motor Vehicle Dealers Compensation Fund is true to the best of my knowledge and belief.

Signature of Claimant(s)

Name of Claimant(s)

Date [YYYY/MM/DD]