



Give your social insurance number

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#### 4. Declaration and signatures

Making a false declaration is an offence and may result in repercussions against you.

I hereby declare that all the information provided in this application is true and complete.

Signature \_\_\_\_\_ Date 

	year		month		day
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If you filled out and signed this form on behalf of another person, please provide the following information:

Your family name	Your given name
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Telephone	area code	Other	area code	Extension
Home				

Why was the person who is contesting the decision affecting him or her unable to sign this form?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you that person's relative?  No  
 Yes. Specify: \_\_\_\_\_

In what capacity did you sign this form (heir, mandatary, guardian, etc.)? \_\_\_\_\_




Signature \_\_\_\_\_ Date 

	year		month		day
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#### Access to documents held by public bodies and the protection of personal information

The personal information contained in this form is needed for the study of your application. **Failure to provide it may result in a delay or a refusal to process the application.** Only authorized employees of the Régie des rentes du Québec have access to it. The information may be disclosed to other persons or agencies for their validation only in the cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you have the right to consult your personal information and to have it corrected.

#### For more information

 <b>By Internet</b> www.rrq.gouv.qc.ca/enfants	 <b>By telephone</b> Québec region: 418 643-3381 Montréal region: 514 864-3873 Toll-free: 1 800 667-9625	 <b>By TTY</b> Service for the hearing impaired Toll-free: 1 800 603-3540
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#### Return to:

Régie des rentes du Québec, Service de la révision, C. P. 7777, Québec (Québec) G1K 7T4