

Appendix: Attestation Form for SIN Request



ATTESTATION FORM FOR SIN REQUEST

(to be completed by employee)

For cheques, direct deposits, and verbal declines.

RECIPIENT INFORMATION

RECIPIENT FIRST NAME:

RECIPIENT LAST NAME:

DATE SIN WAS REQUESTED:

BY SIGNING BELOW, I CONFIRM THAT THE RECIPIENT DECLINED TO PROVIDE THEIR SIN:

EMPLOYEE NAME:

EMPLOYEE SIGNATURE:

PAYMENT INFORMATION

(to be completed by employee)

SERVICE PROVIDED:

AMOUNT IN CAD:

DATE SERVICE WAS PROVIDED:

WAS THE SERVICE PROVIDED ON A RESERVE?

YES

NO