



UNDERTAKING AND INDEMNITY
For Cheques issued by the Receiver General

INSTRUCTIONS

1. If you have not received or have lost your cheque, please complete this form of Undertaking and Indemnity in black or blue ink and return it to the department responsible for the program and payment.

NOTE: If the original cheque has been cashed, a copy of the cashed cheque will be sent to you so that you can review the endorsement.

2. Where the payee or holder for value is a federal, provincial or municipal government or agency, a financial institution, a partnership, a corporation or an incorporated company, the form must be signed by the authorized officer and their name and title must be printed below the signature.

3. Where an authorized person signs this form on behalf of the payee or holder for value, the capacity or authority under which it is signed must be described.

4. For amounts over \$5,000, form PWGSC-TPSGC 540 - Affidavit (Cheques) may also be required.

To: The Receiver General for Canada:

I, the undersigned, HASAN SHAKEEL, hereby certify that

Full Name of Payee or Holder for Value

I do not have in my possession cheque number 0814-72175500 dated 2019-01-04 made payable
Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 71.00

* covering GST/HSTC-CTPS/TVII

Amount and Currency

Program/Payment Type

* Where applicable, this amount represents \$

CAN converted at

% exchange rate.

I undertake to return the original cheque, uncashed, to the Receiver General for Canada should it ever come into my possession. If another cheque is issued in place of the original one, I will return the original cheque to the Receiver General for Canada from any loss or expense incurred.

I further declare that I have not caused benefit of any kind whatsoever to come to me either directly or indirectly through the cashing of the said cheque.

If I benefit directly or indirectly through the cashing of the above-noted cheque, I will indemnify and save harmless the Crown from any loss or expense incurred.

For payments in non-Canadian funds, I understand that by submitting this form that should I cash the above cheque, I could be charged an additional fee at the financial institution which is beyond the control of the Crown.

**TO BE COMPLETED WHEN AN AUTHORIZED OFFICER OR PERSON SIGNS ON BEHALF OF PAYEE OR HOLDER
FOR VALUE (SEE INSTRUCTIONS 2 AND 3 ABOVE):**

I further declare that I, the undersigned, _____, am authorized

Name of Authorized Officer

as _____

to sign this form.

Title or Authority

T/We understand that making a false declaration is a criminal offence.

Signature of Payee or Holder for Value	Signature of Witness
<u>Hasan</u> Signature	<u>WILLIAMS VELAZQUEZ</u> Signature

Name and Address of Payee or Holder for Value

Name and Address of Witness

HASAN SHAKEEL

2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

06-09-21
Date

4060 WESTMINSTER PL

MISSISSAUGA L4W 4L2



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To: The Receiver General for Canada:

I, the undersigned, HASAN SHAKEEL, hereby certify that

Full Name of Payee or Holder for Value

I do not have in my possession cheque number 0414-41929325 dated 2018-10-05 made payable
Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 71.00 * covering GST/HSTC-CTPS/TVH

Amount and Currency

Program/Payment Type

* Where applicable, this amount represents \$ CAN converted at % exchange rate.

I undertake to return the original cheque, uncashed, to the Receiver General for Canada should it ever come into my possession. If another cheque is issued in place of the original cheque returned to them, I agree to indemnify the Crown and save harmless the Crown from any loss or expense incurred.

I further declare that I have not caused benefit of any kind whatsoever to come to me either directly or indirectly through the cashing of the said cheque.

If I benefit directly or indirectly through the cashing of the above-noted cheque, I will indemnify and save harmless the Crown from any loss or expense incurred.

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Name of Authorized Officer

as _____ to sign this form.

Title or Authority

T/We understand that making a false declaration is a criminal offence.

Signature of Payee or Holder for Value	Signature of Witness
<u>Hasan Shakeel</u> Signature	<u>WILLIAMS JELAZQUEZ</u> Signature

Name and Address of Payee or Holder for Value

Name and Address of Witness

HASAN SHAKEEL

2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

06-09-21
Date

WILLIAMS JELAZQUEZ

4060 WESTMINSTER PL

MISSISSAUGA L4W 4L2

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4. For amounts over \$5,000, form DWGSC-TPSGC 540 - Affidavit (Cheques) may also be required.

To: The Receiver General for Canada:

I, the undersigned, HASAN SHAKEEL, hereby certify that

Full Name of Payee or Holder for Value

I do not have in my possession cheque number 2114-95112186 dated 2018-07-05 made payable
Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 71.00

* covering GST/HSTC-CTPS/TVH

Amount and Currency

Program/Payment Type

* Where applicable, this amount represents \$

CAN converted at

% exchange rate.

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FOR VALUE (SEE INSTRUCTIONS 2 AND 3 ABOVE):

I further declare that I, the undersigned, _____, am authorized

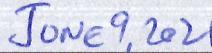
Name of Authorized Officer

as _____

to sign this form.

Title or Authority

T/Mo understand that making a false declaration is a criminal offence.

Signature of Payee or Holder for Value	Signature of Witness
 Signature	 Signature

Name and Address of Payee or Holder for Value

HASAN SHAKEEL

2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

Name and Address of Witness

WILLIAMS VELAZQUEZ

4060 WESTMINSTER PL

MISSISSAUGA L4W 4L2



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4. For amounts over \$5,000 form DW535-TD535 540 - Affidavit (Cheques) may also be required.

To: The Receiver General for Canada:

I, the undersigned, HASAN SHAKEEL, hereby certify that

Full Name of Payee or Holder for Value

I do not have in my possession cheque number 0414-41929325 dated 2018-10-05 made payable
Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 71.00 * covering GST/HSTC-CTPS/TVH
Amount and Currency Program/Payment Type

* Where applicable, this amount represents \$ CAN converted at % exchange rate.

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Name of Authorized Officer

as _____ to sign this form.

Title or Authority

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Signature of Payee or Holder for Value	Signature of Witness
<u>Hasan</u> Signature	<u>WILLIAMS VELAZQUEZ</u> Signature

Name and Address of Payee or Holder for Value

HASAN SHAKEEL
2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

Name and Address of Witness

WILLIAMS VELAZQUEZ
4060 WESTMINSTER PL
L4W 4L2 MISSISSAUGA



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- Where an authorized person signs this form on behalf of the payee or holder for value, the capacity or authority under which it is signed must be described.**
- For amounts over \$5 000 form DW500-TD500 540 - Affidavit (Chancery) may also be required**

To: The Receiver General for Canada:

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Full Name of Payee or Holder for Value

I do not have in my possession cheque number 0814-72175500 dated 2019-01-04 made payable
Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 71.00

* covering GST/HSTC-CTPS/TVH

Amount and Currency

Program/Payment Type

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Name of Authorized Officer

as _____

to sign this form.

Title or Authority

I/WE understand that making a false declaration is a criminal offence

Signature of Payee or Holder for Value

Signature

JUNE 9, 2021

Date

Signature of Witness

06-09-21

Signature

Date

Name and Address of Payee or Holder for Value

Name and Address of Witness

HASAN SHAKEEL

2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

WILLIAMS VELAZQUEZ

4060 WESTMINSTER PL

MISSISSAUGA L4W 4L2



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3. Where an authorized person signs this form on behalf of the payee or holder for value, the capacity or authority under which it is signed must be described.
4. For amounts over \$5,000 form DWGSC-TPSGC 540 - Affidavit (Cheque) may also be required.

To: The Receiver General for Canada:

I, the undersigned, HASAN SHAKEEL

, hereby certify that

Full Name of Payee or Holder for Value

I do not have in my possession cheque number 0842-66723463 dated 2018-07-10 made payable

Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 301.00

* covering OTB-PTO

Amount and Currency

Program/Payment Type

* Where applicable, this amount represents \$

CAN converted at

% exchange rate.

I undertake to return the original cheque, uncashed, to the Receiver General for Canada should it ever come into my possession. If from any loss or expense incurred.

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Title or Authority

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Signature of Payee or Holder for Value

Signature

JUNE 9, 2021

Date

Signature of Witness

06-09-21

Signature

Date

Name and Address of Payee or Holder for Value

HASAN SHAKEEL

2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

Name and Address of Witness

WILLIAMS VELAZQUEZ

4060 WESTMINSTER PL

MISSISSAUGA L4W 4L2



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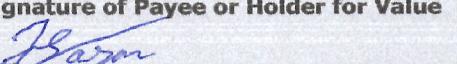
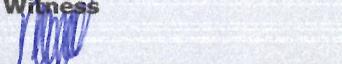
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Name of Authorized Officer

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Title or Authority

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Signature of Payee or Holder for Value	Date	Signature of Witness	Date
 Signature	<u>JUNE 9, 2021</u>	 Signature	<u>06-09-21</u>

Name and Address of Payee or Holder for Value

HASAN SHAKEEL
2507-4080 LIVING ARTS DR
MISSISSAUGA L5B 4N3

Name and Address of Witness

WILLIAMS VELAZQUEZ
4060 WESTMINSTER PL
MISSISSAUGA L4W 4L2



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To: The Receiver General for Canada:

I, the undersigned, HASAN SHAKEEL, hereby certify that

Full Name of Payee or Holder for Value

I do not have in my possession cheque number 7214-73801464 dated 2020-04-03 made payable
Cheque Number

to HASAN SHAKEEL

or any cheque for \$ 290.00

* covering GST/HSTC-CTPS/TVH

Amount and Currency

Program/Payment Type

* Where applicable, this amount represents \$

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% exchange rate.

I undertake to return the original cheque, uncashed, to the Receiver General for Canada should it ever come into my possession. If another cheque is issued in place of the original cheque, I undertake to return the original cheque to the Receiver General for Canada from any loss or expense incurred.

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Name of Authorized Officer

as

to sign this form.

Title or Authority

I/We understand that making a false declaration is a criminal offence.

Signature of Payee or Holder for Value

Signature

JUNE 9, 2021

Date

Signature of Witness

06-09-21

Signature

Date

Name and Address of Payee or Holder for Value

Name and Address of Witness

HASAN SHAKEEL

2507-4080 LIVING ARTS DR
MISSISSAUGA L5B 4N3

WILLIAMS VELAZQUEZ

4080 WESTMINSTER PL
L4W 4L2 MISSISSAUGA



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Title or Authority

We understand that making a false declaration is a criminal offence

Signature of Payee or Holder for Value	Date	Signature of Witness	Date
<u>Kabir</u> Signature	<u>JUNE 9 2021</u>	<u>WILLIAMS VELAZQUEZ</u> Signature	<u>06-09-21</u>

Name and Address of Payee or Holder for Value

HASAN SHAKEEL

2507-4080 LIVING ARTS DR

MISSISSAUGA L5B 4N3

Name and Address of Witness

WILLIAMS VELAZQUEZ

4060 WESTMINSTER PL

MISSISSAUGA L4W 4L2