

COMPENSATION APPLICATION FORM

For the January 1 to December 31, 2019 period.

FOR INTERNAL USE ONLY

Date received: _____ Number of claimants: _____

Received by: _____ Resident : R NR

SECTION 1 : ADDRESS

1.1. ADDRESS FOR WHICH COMPENSATION IS SOUGHT

Street Number: _____ Apt. No.: _____

Street Name: _____

Residential Zone: A B C D (des Merles Road)

SECTION 2 : IDENTIFICATION OF CLAIMANTS OVER THE AGE OF MAJORITY

2.1. CLAIMANT OVER THE AGE OF MAJORITY 1 2 3 4

2.1.1. Identification

Mr. Mrs.

Last Name: _____

First Name: _____

Date of Birth: _____ Telephone : _____
dd/mm/yyyy

Email Address: _____

Language of Communication: English French

2.1.2. Property Relationship

Owner-occupier

Non-occupant Owner

Tenant

Occupier (neither owner nor tenant)

If you answered "Owner" for the address for which compensation is sought, please indicate the type of property.

- Private Home
- Apartment Building (Please specify the number of units.): _____

2.1.3. Period of residence at the address for which compensation is sought

From _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

2.1.4. Other Home Addresses

If, between January 1 and December 31, 2019, you resided at addresses other than the current address for which compensation is sought, please complete **Appendix 5** and provide supporting documents for each address (indicate home addresses in Malartic or on des Merles Road only).

- I have completed **Appendix 5**.

2.1.5. Lengthy Stays Away from Home

- I stayed outside my residential zone for thirty (30) consecutive days or more between January 1 and December 31, 2019. Please complete **Appendix 6**.

2.1.6. Mailing Address for Payment (if different from the address for which compensation is sought)

Full Address: _____

2.1.7. Compensation Payment Instructions

Compensation for this individual shall be paid to:

- Claimant 1
- Claimant 2
- Claimant 3
- Claimant 4

Other, please specify: _____

IMPORTANT :
Provide a copy of a proof of residence, as detailed in **Appendix 3**.

REMEMBER TO COMPLETE AND SIGN THE STATEMENT ON THE NEXT PAGE. 

2.1.8. Statement and Signature

IMPORTANT :

Every claimant over the age of majority shall complete and sign a statement.

I, the undersigned (in block letters): _____

- hereby consent that the information contained herein and the attached supporting documents be used by Canadian Malartic GP or its associates to implement the *Good Neighbour Guide on Impact Mitigation and Compensation and the Acquisition of Properties in Malartic* (the "Guide") and, in particular, to (i) determine my eligibility for the Guide's compensation program and, if appropriate, the value of such compensation, and to (ii) release non-personally identifiable statistics on the Guide's implementation;
- understand that any payment of compensation will be conditional upon my signing a full and final release pertaining to the period covered by such compensation and whose terms shall be determined by Canadian Malartic GP;
- confirm that any lengthy stay (e.g.: snowbirds, students, hospitalization, children in joint custody) by a claimant over the age of majority or a minor claimant outside my residential zone has been excluded from the period of residence for which compensation is requested; and
- state that the information contained herein and the attached supporting documents are true and complete. I understand that any fraudulent statement or false document will be subject to a penal complaint by Canadian Malartic GP and that Canadian Malartic GP shall be reimbursed for any amount paid on the basis of a false statement or a false document.

Signature : _____

Date : _____
dd/mm/yyyy

2.2. CLAIMANT OVER THE AGE OF MAJORITY 1 2 3 4

2.2.1. Identification

Mr. Mrs.

Last Name: _____

First Name: _____

Date of Birth: _____ Telephone : _____
dd/mm/yyyy

Email Address: _____

Language of Communication: English French

2.2.2. Property Relationship

Owner-occupier

Non-occupant Owner

Tenant

Occupier (neither owner nor tenant)

If you answered "Owner" for the address for which compensation is sought, please indicate the type of property.

Private Home

Apartment Building (Please specify the number of units.): _____

2.2.3. Period of residence at the address for which compensation is sought

From _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

2.2.4. Other Home Addresses

If, between January 1 and December 31, 2019, you resided at addresses other than the current address for which compensation is sought, please complete **Appendix 5** and provide supporting documents for each address (indicate home addresses in Malartic or on des Merles Road only).

I have completed **Appendix 5**.

2.2.5. Lengthy Stays Away from Home

I stayed outside my residential zone for thirty (30) consecutive days or more between January 1 and December 31, 2019. Please complete **Appendix 6**.

2.2.6. Mailing Address for Payment *(if different from the address for which compensation is sought)*

Full Address: _____

2.2.7. Compensation Payment Instructions

Compensation for this individual shall be paid to:

- Claimant 1
- Claimant 2
- Claimant 3
- Claimant 4

Other, please specify: _____

IMPORTANT :

Provide a copy of a proof of residence, as detailed in **Appendix 3**.

REMEMBER TO COMPLETE AND SIGN THE STATEMENT ON THE NEXT PAGE.



2.2.8. Statement and Signature

IMPORTANT :

Every claimant over the age of majority shall complete and sign a statement.

I, the undersigned (in block letters): _____

- hereby consent that the information contained herein and the attached supporting documents be used by Canadian Malartic GP or its associates to implement the *Good Neighbour Guide on Impact Mitigation and Compensation and the Acquisition of Properties in Malartic* (the "Guide") and, in particular, to (i) determine my eligibility for the Guide's compensation program and, if appropriate, the value of such compensation, and to (ii) release non-personally identifiable statistics on the Guide's implementation;
- understand that any payment of compensation will be conditional upon my signing a full and final release pertaining to the period covered by such compensation and whose terms shall be determined by Canadian Malartic GP;
- confirm that any lengthy stay (e.g.: snowbirds, students, hospitalization, children in joint custody) by a claimant over the age of majority or a minor claimant outside my residential zone has been excluded from the period of residence for which compensation is requested; and
- state that the information contained herein and the attached supporting documents are true and complete. I understand that any fraudulent statement or false document will be subject to a penal complaint by Canadian Malartic GP and that Canadian Malartic GP shall be reimbursed for any amount paid on the basis of a false statement or a false document.

Signature : _____

Date : _____
dd/mm/yyyy

2.3. CLAIMANT OVER THE AGE OF MAJORITY 1 2 3 4

2.3.1. Identification

Mr. Mrs.

Last Name: _____

First Name: _____

Date of Birth: _____ Telephone : _____
dd/mm/yyyy

Email Address: _____

Language of Communication: English French

2.3.2. Property Relationship

Owner-occupier

Non-occupant Owner

Tenant

Occupier (neither owner nor tenant)

If you answered "Owner" for the address for which compensation is sought, please indicate the type of property.

Private Home

Apartment Building (*Please specify the number of units.*): _____

2.3.3. Period of residence at the address for which compensation is sought

From _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

2.3.4. Other Home Addresses

If, between January 1 and December 31, 2019, you resided at addresses other than the current address for which compensation is sought, please complete **Appendix 5** and provide supporting documents for each address (*indicate home addresses in Malartic or on des Merles Road only*).

I have completed **Appendix 5**.

2.3.5. Lengthy Stays Away from Home

I stayed outside my residential zone for thirty (30) consecutive days or more between January 1 and December 31, 2019. Please complete **Appendix 6**.

2.3.6. Mailing Address for Payment *(if different from the address for which compensation is sought)*

Full Address: _____

2.3.7. Compensation Payment Instructions

Compensation for this individual shall be paid to:

- Claimant 1
- Claimant 2
- Claimant 3
- Claimant 4

Other, please specify: _____

IMPORTANT :

Provide a copy of a proof of residence, as detailed in **Appendix 3**.

REMEMBER TO COMPLETE AND SIGN THE STATEMENT ON THE NEXT PAGE.



2.3.8. Statement and Signature

IMPORTANT :

Every claimant over the age of majority shall complete and sign a statement.

I, the undersigned (in block letters): _____

- hereby consent that the information contained herein and the attached supporting documents be used by Canadian Malartic GP or its associates to implement the *Good Neighbour Guide on Impact Mitigation and Compensation and the Acquisition of Properties in Malartic* (the "Guide") and, in particular, to (i) determine my eligibility for the Guide's compensation program and, if appropriate, the value of such compensation, and to (ii) release non-personally identifiable statistics on the Guide's implementation;
- understand that any payment of compensation will be conditional upon my signing a full and final release pertaining to the period covered by such compensation and whose terms shall be determined by Canadian Malartic GP;
- confirm that any lengthy stay (e.g.: snowbirds, students, hospitalization, children in joint custody) by a claimant over the age of majority or a minor claimant outside my residential zone has been excluded from the period of residence for which compensation is requested; and
- state that the information contained herein and the attached supporting documents are true and complete. I understand that any fraudulent statement or false document will be subject to a penal complaint by Canadian Malartic GP and that Canadian Malartic GP shall be reimbursed for any amount paid on the basis of a false statement or a false document.

Signature : _____

Date : _____
dd/mm/yyyy

2.4. CLAIMANT OVER THE AGE OF MAJORITY 1 2 3 4

2.4.1. Identification

Mr. Mrs.

Last Name: _____

First Name: _____

Date of Birth: _____ Telephone : _____
dd/mm/yyyy

Email Address: _____

Language of Communication: English French

2.4.2. Property Relationship

Owner-occupier

Non-occupant Owner

Tenant

Occupier (neither owner nor tenant)

If you answered "Owner" for the address for which compensation is sought, please indicate the type of property.

Private Home

Apartment Building (Please specify the number of units.): _____

2.4.3. Period of residence at the address for which compensation is sought

From _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

2.4.4. Other Home Addresses

If, between January 1 and December 31, 2019, you resided at addresses other than the current address for which compensation is sought, please complete **Appendix 5** and provide supporting documents for each address (indicate home addresses in Malartic or on des Merles Road only).

I have completed **Appendix 5**.

2.4.5. Lengthy Stays Away from Home

I stayed outside my residential zone for thirty (30) consecutive days or more between January 1 and December 31, 2019. Please complete **Appendix 6**.

2.4.6. Mailing Address for Payment *(if different from the address for which compensation is sought)*

Full Address: _____

2.4.7. Compensation Payment Instructions

Compensation for this individual shall be paid to:

- Claimant 1
- Claimant 2
- Claimant 3
- Claimant 4

Other, please specify: _____

IMPORTANT :

Provide a copy of a proof of residence, as detailed in **Appendix 3**.

REMEMBER TO COMPLETE AND SIGN THE STATEMENT ON THE NEXT PAGE.



2.4.8. Statement and Signature

IMPORTANT :

Every claimant over the age of majority shall complete and sign a statement.

I, the undersigned (in block letters): _____

- hereby consent that the information contained herein and the attached supporting documents be used by Canadian Malartic GP or its associates to implement the *Good Neighbour Guide on Impact Mitigation and Compensation and the Acquisition of Properties in Malartic* (the "Guide") and, in particular, to (i) determine my eligibility for the Guide's compensation program and, if appropriate, the value of such compensation, and to (ii) release non-personally identifiable statistics on the Guide's implementation;
- understand that any payment of compensation will be conditional upon my signing a full and final release pertaining to the period covered by such compensation and whose terms shall be determined by Canadian Malartic GP;
- confirm that any lengthy stay (e.g.: snowbirds, students, hospitalization, children in joint custody) by a claimant over the age of majority or a minor claimant outside my residential zone has been excluded from the period of residence for which compensation is requested; and
- state that the information contained herein and the attached supporting documents are true and complete. I understand that any fraudulent statement or false document will be subject to a penal complaint by Canadian Malartic GP and that Canadian Malartic GP shall be reimbursed for any amount paid on the basis of a false statement or a false document.

Signature : _____

Date : _____

dd/mm/yyyy

SECTION 3 : IDENTIFICATION OF MINOR CLAIMANTS

3.1. MINOR CLAIMANT 1 2 3 4

3.1.1. Identification

Last Name: _____

First Name: _____

Date of Birth: _____
dd/mm/yyyy

Name of parents or legal tutor: _____

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.1.2. Joint Custody (if applicable)

Type of agreement (e.g.: 50/50, every other weekend): _____

Other parent's last and first names: _____

Other parent's address: _____

IMPORTANT :

Please have **Appendix 7** completed by the other parent and enclose a copy of the birth certificate, as detailed in **Appendix 3**.

3.1.3. Period of Residence at the Address for which Compensation is Sought

Check if the periods of residence are the same as:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.1.4. Compensation Payment Instructions

Compensation for this child shall be paid to:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.2. MINOR CLAIMANT 1 2 3 4

3.2.1. Identification

Last Name: _____

First Name: _____

Date of Birth: _____
dd/mm/yyyy

Name of parents or legal tutor: _____

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.2.2. Joint Custody (if applicable)

Type of agreement (e.g.: 50/50, every other weekend): _____

Other parent's last and first names: _____

Other parent's address: _____

IMPORTANT :

Please have **Appendix 7** completed by the other parent and enclose a copy of the birth certificate, as detailed in **Appendix 3**.

3.2.3. Period of Residence at the Address for which Compensation is Sought

Check if the periods of residence are the same as:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.2.4. Compensation Payment Instructions

Compensation for this child shall be paid to:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.3. MINOR CLAIMANT 1 2 3 4

3.3.1. Identification

Last Name: _____

First Name: _____

Date of Birth: _____
dd/mm/yyyy

Name of parents or legal tutor: _____

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.3.2. Joint Custody (if applicable)

Type of agreement (e.g.: 50/50, every other weekend): _____

Other parent's last and first names: _____

Other parent's address: _____

IMPORTANT :

Please have **Appendix 7** completed by the other parent and enclose a copy of the birth certificate, as detailed in **Appendix 3**.

3.3.3. Period of Residence at the Address for which Compensation is Sought

Check if the periods of residence are the same as:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.3.4. Compensation Payment Instructions

Compensation for this child shall be paid to:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.4. MINOR CLAIMANT 1 2 3 4

3.4.1. Identification

Last Name: _____

First Name: _____

Date of Birth: _____
dd/mm/yyyy

Name of parents or legal tutor: _____

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.4.2. Joint Custody (if applicable)

Type of agreement (e.g.: 50/50, every other weekend): _____

Other parent's last and first names: _____

Other parent's address: _____

IMPORTANT :

Please have **Appendix 7** completed by the other parent and enclose a copy of the birth certificate, as detailed in **Appendix 3**.

3.4.3. Period of Residence at the Address for which Compensation is Sought

Check if the periods of residence are the same as:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____

3.4.4. Compensation Payment Instructions

Compensation for this child shall be paid to:

Claimant 1 Claimant 2 Claimant 3

Other, please specify: _____



APPENDIX 1

CHECKLIST

Did you:

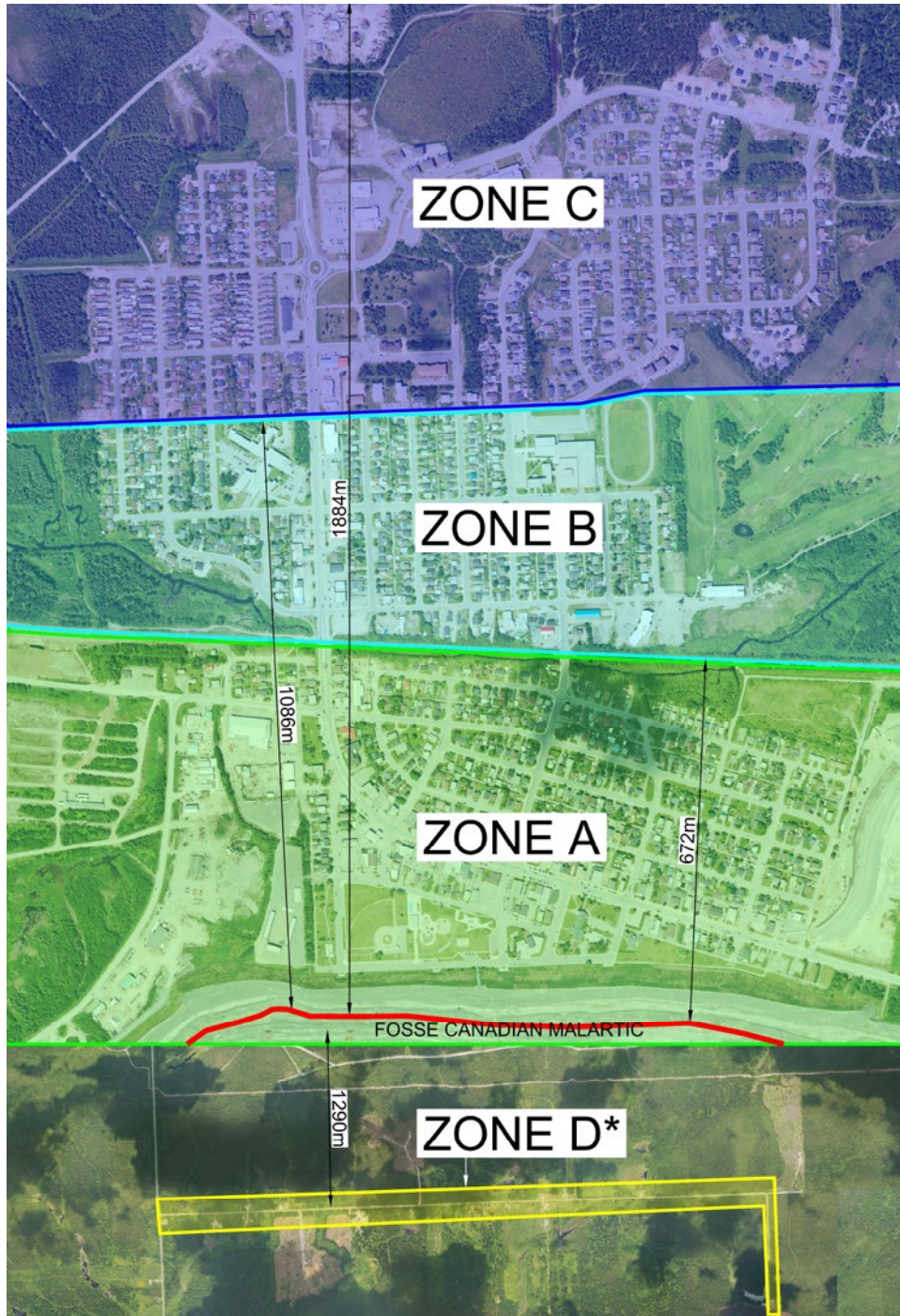
- Provide, for all residents over the age of majority, a proof of residence for each address where they lived during the period?
- Have all claimants over the age of majority sign the statement?
- Provide, in the case of joint custody or sole custody, the other parent's authorization in **Appendix 7**?
- Attach a document proving your status as a tutor or curator if you completed **Appendix 4**?

Additional information:



APPENDIX 2

ZONES COVERED BY THE COMPENSATION



* FOR EXISTING RESIDENCES LOCATED ON DES MERLES ROAD.



APPENDIX 3

DOCUMENTS REQUIRED FOR ENROLLING IN THE COMPENSATION PROGRAM

Submit or send your completed form along with a copy of the following documents:



FOR OWNERS AND OCCUPANTS OF A PRINCIPAL RESIDENCE

Proofs of residence must cover the entire period.

1. Proof of ownership (for owners only):

- 2019 Municipal tax bill and proof of residence at the end of 2019.

2. Proof of residence (for occupants only):

- Utility bills (e.g.: Hydro-Québec, insurance, cable, telephone) for January and December 2019.
- Statement of account, pay statement or SAAQ proof of residence.



FOR APARTMENT TENANTS

Proofs of residence must cover the entire period.

Proofs of residence accepted:

- RL-31 slip (provincial income tax).
- Utility bills (e.g.: Hydro-Québec, insurance, cable, telephone) for January and December 2019.



FOR RENTAL PROPERTY OWNERS

Proofs of residence must cover the entire period.

Title of Ownership:

- 2019 Municipal tax bill.



FOR CHILDREN UNDER 18 YEARS OF AGE

- Only a birth or adoption certificate will be accepted for minor claimants.
- No proof of residence is required for a child whose parents reside at the same address.
- Where either parent resides at an address other than the address indicated in Section 1 of the form, a document validating the minor claimant's place of residence and length of residence shall be provided in the event of joint custody, for example. Please complete the Parental Authorization Form (**Appendix 7**).



APPENDIX 4

FORM FOR A CLAIMANT FOR A PROTECTED PERSON OF FULL AGE

Identification of the tutor or curator for a protected person of full age

Last Name: _____

First Name: _____

Full Address: _____

Telephone: _____

Email Address: _____

IMPORTANT :

Attach a copy of the document proving your status as a tutor or curator.

Name of the protected person of full age: _____

Are you responsible for this person's finances? Yes No

If you answered "No", please indicate to whom the cheque must be issued and the address:

Signature of the tutor or curator: _____

Date : _____

dd/mm/yyyy

IMPORTANT :

You must also complete and sign the Statement and Signature section of this form.

Please enclose a valid photo ID of the tutor or curator in addition to that of the claimant. You must also enclose a copy of the judgment certifying that you are the tutor or curator.



APPENDIX 5

HOME ADDRESS

Name of claimant(s): _____

ADDRESS 1

Full Address: _____

Period of Residence: from _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

You were:

- Owner-occupier Non-occupant owner
 Tenant Occupier (neither owner nor tenant)

Residential Zone:

- A B C D (des Merles Road)

Name of claimant(s): _____

ADDRESS 2

Full Address: _____

Period of Residence: from _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

You were:

- Owner-occupier Non-occupant owner
 Tenant Occupier (neither owner nor tenant)

Residential Zone:

- A B C D (des Merles Road)

Name of claimant(s): _____

ADDRESS 3

Full Address: _____

Period of Residence: from _____ to _____
dd/mm/yyyy *dd/mm/yyyy*

If necessary, specify: _____

You were:

- Owner-occupier
- Non-occupant owner
- Tenant
- Occupier (neither owner nor tenant)

Residential Zone:

- A**
- B**
- C**
- D** (des Merles Road)

IMPORTANT :

Please enclose a proof of residence and/or ownership for each home address, as detailed in **Appendix 3**, depending on your status as a homeowner or tenant.



APPENDIX 6

LENGTHY STAYS AWAY FROM HOME

Please report all lengthy stays of more than thirty (30) consecutive days outside your residential zone (e.g.: students, travellers, snowbirds).

Stay 1 : _____
Brief description _____ *Number of days*

Stay 2 : _____
Brief description _____ *Number of days*

Stay 3 : _____
Brief description _____ *Number of days*

Additional information:



APPENDIX 7

PARENTAL AUTHORIZATION

Date : _____
 dd/mm/yyyy

I, the undersigned, _____

residing at _____

authorize:

the mother of my minor child or children, _____ ;

the father of my minor child or children, _____ ;

residing at _____

to request and receive the compensation under the *Good Neighbour Guide on Impact Mitigation and Compensation and Property Acquisition in Malartic* (the "Guide"), and to sign any agreement or discharge provided in the Guide, for our child or children:

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

having resided at _____

from _____ to _____
 dd/mm/yyyy *dd/mm/yyyy*

Parent's signature: _____



RELEASE AND DISCHARGE AGREEMENT

Release and Discharge Agreement: An agreement to be free and clear

By signing the Release and Discharge Agreement, you acknowledge that you have received compensation for any known damages and, in return, you agree not to institute any action against the mine with respect to those damages.

RELEASE AND DISCHARGE AGREEMENT...

IMPORTANT

The Release and Discharge Agreement formalizes the transaction. As with any other agreement, it is important that you understand it well.

VOLUNTARY

The Release and Discharge Agreement is an agreement proposed by Canadian Malartic Mine. You are free to sign it in exchange for compensation.

FINAL

In exchange for compensation, you waive your rights to institute any action for past mining operations and the damages covered by the Release and Discharge Agreement.

THE PAST

The Release and Discharge Agreement deals solely with past mining operations and not future mining operations. That is why it must be signed each year.

ANNUAL

At the beginning of each year, you will have the option of signing the Release and Discharge Agreement in order to receive compensation for the previous year. An eligible citizen must sign a release within thirty (30) days after he or she, or a family member who is also a signatory to the release, has received it.

Your decision to sign and obtain compensation is always made after the compensation period.

RELEASE AND DISCHARGE AGREEMENT

What's included

The Release and Discharge Agreement is for any and all known damage stemming from the mine's operations for the past compensation period.

What's excluded

Damage that, at the time of the signing of the Release and Discharge Agreement, was not known or could not have reasonably been known to you.

WHAT SHOULD YOU DO IF YOU THINK THAT ALL YOUR IMPACTS ARE GREATER THAN THE COMPENSATION OFFERED?

You can always refuse compensation (and thus the Release and Discharge Agreement) and seek other relief for the damages covered by this Release and Discharge Agreement.

It's normal to have questions about the Release and Discharge Agreement. We encourage you to contact us so that we can discuss them with you.

CONTACT US:



Community Relations Office
1041, Royale Street, Malartic



819 757-2225, ext. 3425



relationscommunautaires@canadianmalartic.com