



# COMPENSATION APPLICATION FORM

## CLASS MEMBERS (ZONE A AND DES MERLES ROAD)

For the periods from July 1, 2013 to December 31, 2018.

### 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  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. Periods of residence at the address for which compensation is sought

#### July 1, 2013 to December 31, 2016:

- Full period of residence
- Partial period of residence:  
From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy dd/mm/yyyy*

#### January 1 to December 31, 2017:

- Full period of residence
- Partial period of residence:  
From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy dd/mm/yyyy*

#### January 1 to December 31, 2018:

- Full period of residence
- Partial period of residence:  
From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy dd/mm/yyyy*

### 2.1.4. Other Home Addresses

If, between July 1, 2013 and December 31, 2018, you resided at addresses other than the current address for which compensation is sought **in Zone A or D (des Merles Road)**, please complete **Appendix 5** and provide supporting documents for each address.

- 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 July 1, 2013 and December 31, 2018. Please complete **Appendix 6**.

### 2.1.6. Mailing Address for Payment (if different from the address covered by the application)

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;
- 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. Periods of residence at the address for which compensation is sought

#### July 1, 2013 to December 31, 2016:

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### January 1 to December 31, 2017:

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### January 1 to December 31, 2018:

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### 2.2.4. Other Home Addresses

If, between July 1, 2013 and December 31, 2018, you resided at addresses other than the current address for which compensation is sought **in Zone A or D (des Merles Road)**, please complete **Appendix 5** and provide supporting documents for each address.

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 July 1, 2013 and December 31, 2018. Please complete **Appendix 6**.

#### 2.2.6. Mailing Address for Payment *(if different from the address covered by the application)*

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;
- 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. Periods of residence at the address for which compensation is sought

#### July 1, 2013 to December 31, 2016:

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### January 1 to December 31, 2017:

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### January 1 to December 31, 2018:

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*



### 2.3.4. Other Home Addresses

If, between July 1, 2013 and December 31, 2018, you resided at addresses other than the current address for which compensation is sought **in Zone A or D (des Merles Road)**, please complete **Appendix 5** and provide supporting documents for each address.

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 July 1, 2013 and December 31, 2018. Please complete **Appendix 6**.

### 2.3.6. Mailing Address for Payment *(if different from the address covered by the application)*

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;
- 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. Periods of residence at the address for which compensation is sought

#### **July 1, 2013 to December 31, 2016:**

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### **January 1 to December 31, 2017:**

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### **January 1 to December 31, 2018:**

Full period of residence

Partial period of residence:

From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### 2.4.4. Other Home Addresses

If, between July 1, 2013 and December 31, 2018, you resided at addresses other than the current address for which compensation is sought **in Zone A or D (des Merles Road)**, please complete **Appendix 5** and provide supporting documents for each address.

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 July 1, 2013 and December 31, 2018. Please complete **Appendix 6**.

#### 2.4.6. Mailing Address for Payment *(if different from the address covered by the application)*

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;
- 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

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## CHECKLIST

### Did you:

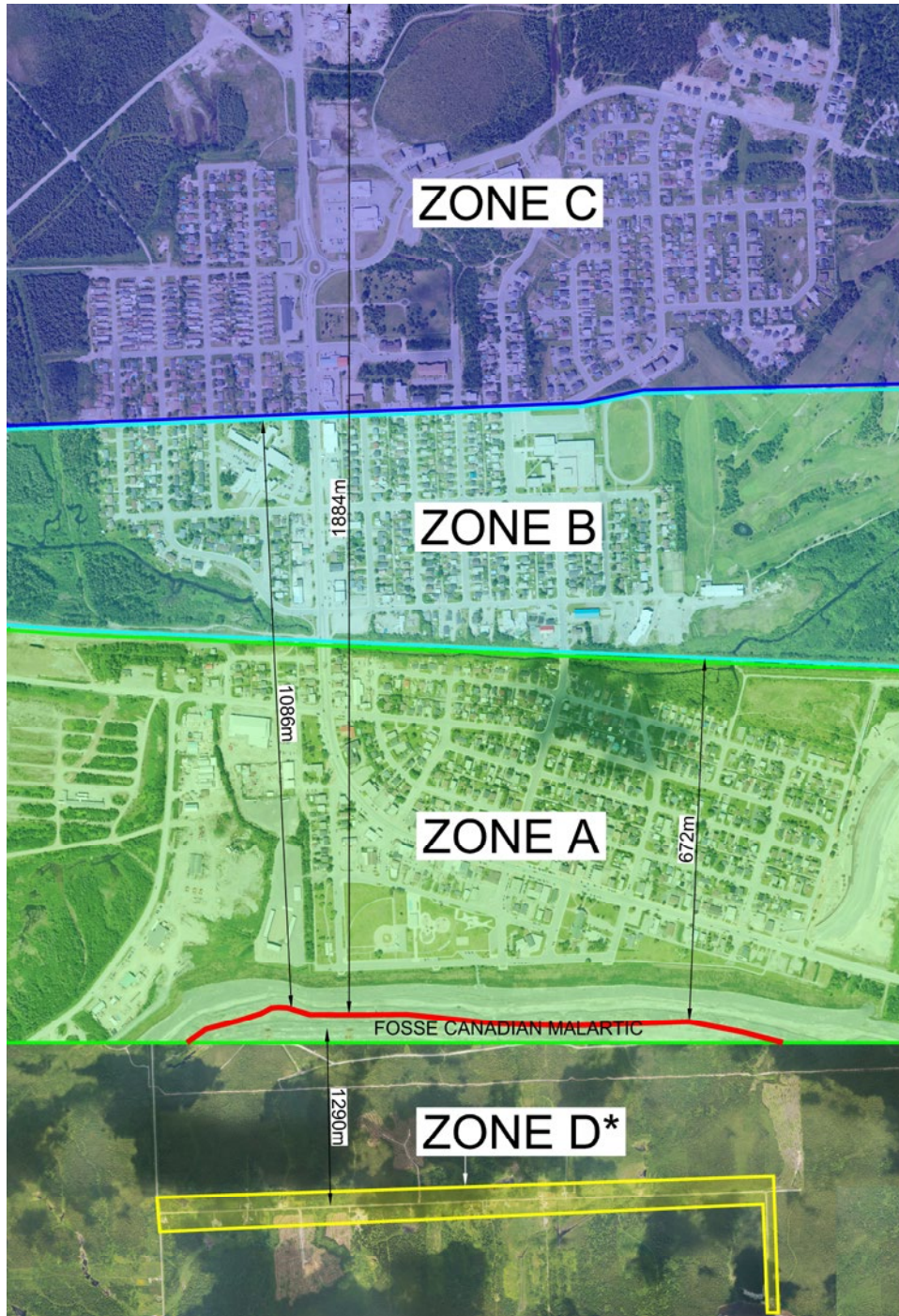
- Provide, for all residents over the age of majority, a proof of residence for each address where they lived during the period?
- Have all claimants over the age of majority sign the statement?
- Provide, in the case of joint custody or sole custody, the other parent's authorization in **Appendix 7**?
- 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**    **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**    **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**
- 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

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### 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).

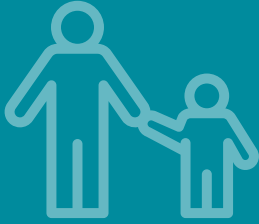
Stay 1 : \_\_\_\_\_  
*Brief description* \_\_\_\_\_ *Number of days*

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 UNDER THE OUT-OF-COURT SETTLEMENT

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## RELEASE ALREADY PROVIDED FOR UNDER THE OUT-OF-COURT SETTLEMENT

Pursuant to the Class Action out-of-court settlement authorized by the court on December 13, 2019, class members waive all claims against Canadian Malartic Mine (CMM) and give it full and final release with respect to all facts alleged in the Class Action.

Eligible individuals are not required to sign a release and discharge agreement with CMM in order to receive compensation for the periods from July 1, 2013 to December 31, 2018, as the release has already been provided for in the out-of-court settlement and binds all class members.

However, **please note that a release and discharge agreement must be signed with CMM for all claims for compensation for 2019 and the following years**, as the Class Action and the out-of-court settlement only cover previous periods ending December 31, 2018.

## DECLARATION FORM

In order to receive compensation for the periods from July 1, 2013 to December 31, 2018, class members must sign a declaration form that:

- provides and confirms the details of all eligible compensation per person, per period and per address;
- indicates the individual(s) designated to receive compensation; and
- confirms receipt of the cheque(s) covering all eligible compensation.

In summary, the declaration form enables CMM and members to ensure that all eligible compensation has been duly paid to the class members, as stipulated in the out-of-court settlement.

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## CONTACT US:



### Community Relations Office

1041 Royale Street, Malartic



819 757-2225, ext. 3425



[relationscommunautaires@canadianmalartic.com](mailto:relationscommunautaires@canadianmalartic.com)

