



# COMPENSATION APPLICATION FORM

For the January 1<sup>st</sup> to December 31, 2024 period.

**Application deadline: March 31, 2025**

## FOR INTERNAL USE ONLY

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Resident: R  NR  Number of claimants over the age of majority: \_\_\_\_\_ Number of minor claimants: \_\_\_\_\_

## SECTION 1: ADDRESS

### 1.1. ADDRESS FOR WHICH COMPENSATION IS SOUGHT

Street Number: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Street Name: \_\_\_\_\_

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

## SECTION 2: IDENTIFICATION OF CLAIMANTS OVER THE AGE OF MAJORITY

### 2.1. CLAIMANT 1 OVER THE AGE OF MAJORITY

#### 2.1.1. Identification

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

- Complete (January 1 to December 31, 2024)
  - Partial
- From \_\_\_\_\_ to \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

### 2.1.4. Other Home Address

If, between January 1 and December 31, 2024, 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 chemin des Merles in Rivière-Héva 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, 2024. 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

#### **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 2 OVER THE AGE OF MAJORITY

### 2.2.1. Identification

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 or 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

- Complete (January 1 to December 31, 2024)  
 Partial  
From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

### 2.2.4. Other Home Addresses

If, between January 1 and December 31, 2024, 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 chemin des Merles in Rivière-Héva 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, 2024. 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

### **IMPORTANT:**

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

## 2.2.8. Statement et 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 3 OVER THE AGE OF MAJORITY

### 2.3.1. Identification

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 or 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

- Complete (January 1 to December 31, 2024)  
 Partial  
From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

### 2.3.4. Other Home Addresses

If, between January 1 and December 31, 2024, 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 chemin des Merles in Rivière-Héva 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, 2024. 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

#### **IMPORTANT:**

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

### 2.3.8. Statement et 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 4 OVER THE AGE OF MAJORITY

### 2.4.1. Identification

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 or 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

- Complete (January 1 to December 31, 2024)  
 Partial  
From \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

### 2.4.4. Other Home Addresses

If, between January 1 and December 31, 2024, 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 chemin des Merles in Rivière-Héva 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, 2024. 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

#### **IMPORTANT:**

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

#### 2.4.8. Statement et 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

#### 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     Claimant 4

#### 3.1.2. Custody type *(if applicable)*

Exclusive  
 Shared 50/50

Other, specify: \_\_\_\_\_

#### **IMPORTANT :**

**Regardless of the type of custody**, 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     Claimant 4

#### 3.1.4. Compensation Payment instructions

Compensation for this child shall be paid to:

Claimant 1     Claimant 2     Claimant 3     Claimant 4

## 3.2. MINOR CLAIMANT 2

### 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     Claimant 4

### 3.2.2. Custody type (if applicable)

Exclusive  
 Shared 50/50

Other, specify: \_\_\_\_\_

#### **IMPORTANT:**

**Regardless of the type of custody**, 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     Claimant 4

### 3.2.4. Compensation Payment instructions

Compensation for this child shall be paid to:

Claimant 1     Claimant 2     Claimant 3     Claimant 4

### 3.3. MINOR CLAIMANT 3

#### 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     Claimant 4

#### 3.3.2. Custody type (if applicable)

Exclusive  
 Shared 50/50

Other, specify: \_\_\_\_\_

#### **IMPORTANT:**

**Regardless of the type of custody**, 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     Claimant 4

#### 3.3.4. Compensation Payment instructions

Compensation for this child shall be paid to:

Claimant 1     Claimant 2     Claimant 3     Claimant 4

### 3.4. MINOR CLAIMANT 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     Claimant 4

#### 3.4.2. Custody type (if applicable)

Exclusive  
 Shared 50/50

Other, specify: \_\_\_\_\_

#### **IMPORTANT :**

**Regardless of the type of custody**, 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     Claimant 4

#### 3.4.4. Compensation Payment instructions

Compensation for this child shall be paid to:

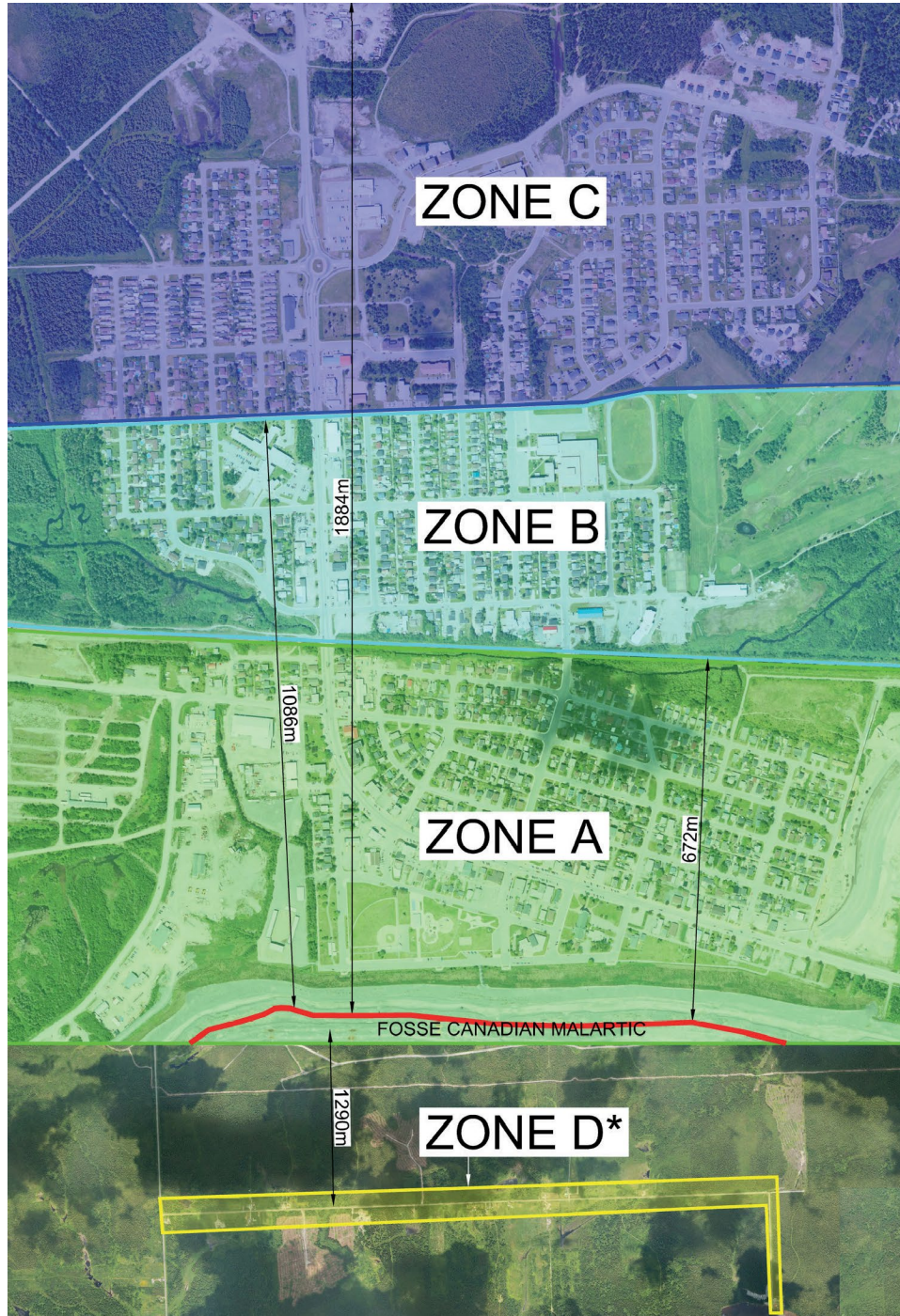
Claimant 1     Claimant 2     Claimant 3     Claimant 4





# APPENDIX 2

## ZONES COVERED BY THE COMPENSATION



\* FOR EXISTING RESIDENCES LOCATED ON CHEMIN DES MERLES IN RIVIÈRE-HÉVA.



# APPENDIX 3

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## 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):

- Proof of residence from December 2024 (e.g. : Hydro-Québec, cable, telephone or pay stub).

#### 2. Proof of residence (for occupants only):

- Utility bills (e.g.: Hydro-Québec, insurance, cable, telephone) for January and December 2024.
- Statement of account or pay statement.



### FOR APARTMENT TENANTS

Proofs of residence must cover the entire period.

#### Proof of residence accepted:

- RL-31 slip (provincial income tax).
- Utility bills (e.g.: Hydro-Québec, insurance, cable, telephone) for January and December 2024.



### FOR RENTAL PROPERTY OWNERS

Proofs of residence must cover the entire period.

#### Title of Ownership:

- 2024 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 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 providing 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 claimants: \_\_\_\_\_

### ADDRESS 1

Full Address: \_\_\_\_\_

Period of Residence: from \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### You were:

- Owner-occupier       Non-occupant Owner  
 Tenant       Occupier (neither owner or tenant)

#### Residential Zone:

- A    B    C    D (chemin des Merles)

Name of claimant(s) : \_\_\_\_\_

### ADDRESS 2

Full Address: \_\_\_\_\_

Period of Residence: from \_\_\_\_\_ to \_\_\_\_\_  
*dd/mm/yyyy* *dd/mm/yyyy*

#### You were:

- Owner-occupier       Non-occupant Owner  
 Tenant       Occupier (neither owner or tenant)

#### Residential Zone:

- A    B    C    D (chemin des Merles)

#### 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

## LENGHTY STAYS OUTSIDE MALARTIC

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*

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

**Stay 2:** \_\_\_\_\_  
*Brief description* *Number of days*

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

**Stay 3:** \_\_\_\_\_  
*Brief description* *Number of days*

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

**Additional Information:**

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# 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: \_\_\_\_\_

having resided at \_\_\_\_\_  
from \_\_\_\_\_ *dd/mm/yyyy* to \_\_\_\_\_ *dd/mm/yyyy*

**Custody type:**

Exclusive to the claimant parent       Shared 50/50

Other, please specify: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Telephone: \_\_\_\_\_



# RELEASE AND DISCHARGE AGREEMENT

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## 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 Canadian Malartic 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.

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### CONTACT US:



**Community Relations Office**

1041, Royale Street, Malartic



819 757-2225, ext. 3425



[rcommunautaires@agnicoeagle.com](mailto:rcommunautaires@agnicoeagle.com)



**AGNICO EAGLE**  
CANADIAN MALARTIC