
Branch Address**INDEMNITY — LOST DRAFT, MONEY ORDER OR CERTIFIED CHEQUE**

I am signing this document because:

- You - Certified a cheque or
 - issued a draft or money order ("the Instrument").

- The Instrument has been lost or destroyed; and

- I have asked to:

- issue a new draft or money order; _____
 - certify a new cheque, or
 - credit the amount of the Instrument to the account listed below.

DETAILS OF THE LOST OR DESTROYED INSTRUMENT

Details
TYPE OF INSTRUMENT
INSTRUMENT NUMBER
DATE
AMOUNT
CURRENCY
ACCOUNT NUMBER (Cheque Only)
PAYABLE TO
DRAWN ON (Draft/Money Order Only)

I will reimburse you for:

- the amount of the Instrument if it is presented to you and is paid; and
- any claim made by any person because of what you have agreed to do at my request for all liability you incur by reason of any proceeding relating to the instrument.

If I find the original Instrument, I will immediately return it to you.

You may at your option require reimbursement in full from any one of us or a portion from each, if this document is signed by more than one of us.

- If this document is signed in the province of Quebec, it is my wish that it be drafted in English.

Signed in _____, this _____ day of _____, 20____.

(Witness)

(Client)

(Name - please print)

(Name - please print)

FOR INTERNAL BANK PURPOSES ONLY RECORD OF DISPOSITION		DISPOSITION INITIAL
<input checked="" type="checkbox"/> A) ACCOUNT CREDIT	NAME/PAYEE	
<input type="checkbox"/> B) DRAFT OR MONEY ORDER ISSUED	NUMBER	

(FOR BANK USE ONLY)

INITIALS	
Prepared By	Verified By