

Personal information

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
STUDENT NUMBER

\_\_\_\_\_  
LAST NAME (family name at birth)

Mr.  Mrs

\_\_\_\_\_  
DATE OF BIRTH

Country code                      Number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
TELEPHONE (home)

Country code                      Number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
TELEPHONE (work)

Affidavit

I, undersigned \_\_\_\_\_, **FIRST AND LAST NAME**, \_\_\_\_\_, **OCCUPATION**,

domiciled and residing at \_\_\_\_\_, **FULL ADDRESS**,

declare under oath that:

1. I have obtained the diploma described below, issued by the Academic Board of the École des hautes études commerciales and the Board of the Université de Montréal, on \_\_\_\_\_, **DATE**.

\_\_\_\_\_  
**NAME OF DIPLOMA**

- 2. I have lost my diploma and I couldn't find it despite my efforts.
- I no longer have my diploma because it was destroyed.
- I have changed my first name or/and last name (provide required documents).
- I no longer have my diploma for another reason.

Specify the reason : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In witness whereof, I have signed in \_\_\_\_\_, on \_\_\_\_\_, **CITY** **DATE**.

\_\_\_\_\_  
**YOUR SIGNATURE**

\_\_\_\_\_  
**FIRST AND LAST NAME IN BLOCK LETTERS**

Sworn before me at \_\_\_\_\_, on \_\_\_\_\_, **CITY** **DATE**.

\_\_\_\_\_  
**SIGNATURE OF THE COMMISSIONER OF OATHS**

\_\_\_\_\_  
**FIRST AND LAST NAME IN BLOCK LETTERS**

For more information on the cost of the request, see **Specific** section, under [Other Fees – Explanations](#).