

Personal information

<table border="0" style="width: 100%;"><tr><td style="border: 1px solid black; height: 20px;"></td></tr><tr><td>FIRST NAME</td></tr></table>		FIRST NAME	<table border="0" style="width: 100%;"><tr><td style="border: 1px solid black; height: 20px;"></td></tr><tr><td>STUDENT NUMBER</td></tr></table>		STUDENT NUMBER								
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TELEPHONE (work)													

Mr. Mrs

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 _____, CITY _____, on _____, DATE _____.

YOUR SIGNATURE

FIRST AND LAST NAME IN BLOCK LETTERS

Sworn before me at _____, CITY _____, on _____, 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, on our Web site.