December 10,

Mrs. XYZ 1 Acme St. Toronto, ON R7q4H1

Without Prejudice

RE: Account: M/C 51912300xxxx Balance as at : \$4348.91

Dear Ms. XYZ:

As you are aware, the above balance remains outstanding and requires your immediate attention.

You have requested that the remainder of your liability to the Bank, in connection with MasterCard # 51912300xxxx, be considered to be paid in full by you if you pay to the Bank of the sum of \$

Before the Bank will consider your settlement proposal, you must complete and return the attached statutory declaration detailing your assets and liabilities. By providing this statutory declaration, you also acknowledge your understanding that if the information in the declaration is found to be false in any material respect, any settlement agreed to between you and the Bank may be cancelled at the Bank's option. The Bank will have the right to collect the entire balance owing together with interest and costs. If you provide false information on the statutory declaration you could be charged with an offence.

Accordingly, please complete and return the attached statutory declaration by May 31, 2002. We will review it and contact you with our response.

Your failure to reply will permit us to consider other alternatives to enforce collection of this debt. These alternatives may include seizure of assets, garnishment of wages or assignment of the account to a collection agency.

We look forward to your prompt response, and if you have any questions, please contact the undersigned.

Yours truly,

Doug Taylor, Account Manager

800-473- x or 416-237-

To: Bank of Montreal Date:
Re: Account Balance as at
I wish to pay the sum of \$ to settle the above liability in full.
The source of this payment is:
I propose to make payment(s) as follows: (state amount and method of each payment)
I confirm my understanding that if the Bank agrees to my settlement proposal but the statutory declaration I provide to the Bank to accompany this settlement proposal is later found to be false in any material respect, any settlement agreed to between myself and the Bank may be cancelled at the Bank's option. The Bank will have the right to collect the entire balance owing together with interest and costs.
I agree that in the event this settlement proposal is accepted by the Bank and payment is made by me as required, and in consideration of the Bank agreeing to accept less than the full balance owing by me, I have no claim or cause of action whatsoever against Bank of Montreal, its subsidiaries and affiliates, successors and assigns, and each of their directors, officers, employees and agents (collectively the "Bank") as a result of anything whatsoever done or action taken by the Bank in connection with the above account to the date hereof.
(Please sign below)

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CANADA) IN THE MATTER OF a proposed compromise) or arrangement between Bank
PROVINCE OF) OF MONTREAL and
TO WIT:))

1,	, of the _	of	_ In
the Province of		_ DO SOLEMNLY DECLARE THAT:	

I am the above named debtor of Bank of Montreal <u>OR</u> I am the ______ of ______, hereinafter referred to as the "Debtor."

I owe the Bank of Montreal the sum of \$ ______, in connection with ______ and acknowledge that the debt was incurred by me.

I have listed all of my property, sources of income, debts and any property that I have disposed of in the last twelve (12) months on Schedule A and the information that I have provided on Schedule A hereto regarding my property, income, and debts, is a complete and true representation of my finances. Where applicable I have provided an estimate of the fair market value of such assets, after having made a diligent inquiry regarding such fair market value.

AND I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me	at the)
Of)
In the)
Of)
This	day of	

SCHEDULE 'A'

A. Debtor Information (please print)

Full Name	All Telephone	Numbers		All Fax T	elephone Numbers
Aliases, Nicknames, or Previous Names					
Present Address: Street Address	City	Prov	vince		Postal Code
How long have you lived at this address?		Birthdate	e: Day	Month Year	Social Insurance Number
B. Dependents					
Present Marital Status: Single Married	If other, pleas	e specify			
Name of Group					
Name of Spouse	Birthdate of Spou	se: Day	Month	Year Soci	al Insurance Number
Do you have any children living with you who are legally deper	ndent upon you for	financial s	upport?	Yes	No
If YES, provide the full name of the dependent, age, and relation	onship to you				
Full Name of Dependent		Age	Relations	hip to you	
Do you have any other dependents who are legally dependent	upon you for finan	cial suppor	t?	Yes 🔲 No	
If YES, provide the full name, address, age, and relationship to	you, and reason f	or depende	ency.		
Full Name of Dependent		Age	Relations	hip to you	
Address		Reason for	Depende	ncy	
Full Name of Dependent		Age	Relations	hip to you	
Address		Reason for	Depende	ncy	

C. Employment

Full Name of Current Employer	Telephone No.	Relatio	onship to you		
Present Address of Employer		Province	Postal Code		
Nature of Business	Position Occupied				
Place of Employment if different from employer's address How fr	equently are you paid? If you are	paid by the h	our, what is your hourly wage?		
What is your gross monthly or yearly wage or salary? Please specify.	What is your net month	ly or yearly v	age or salary? Please specify.		
Are there any garnishments in place or anticipated? If YES Please provide de	ails.				
What deductions are made from your salary? Please provide complete listing					
what deductions are made norm your salary: nease provide complete listing					
Are you qualified as a tradesperson, professional or otherwise?					
If YES, state nature of qualifications or special training.					
Do you receive bonuses from your employer? Yes No If YES, when did you receive your bonus?					
On what basis are bonuses paid?					
Do you expect to receive another bonus in the near future? Yes	No If YES, when and he	ow much?			
Do you receive money in the form of commission? Yes No					
If YES, state type of work, amount of income received, and the most recent commission received.					

Do you receive money from any part-time employment?	Yes	No
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If YES, give employer's name, full address and telephone number, and the amount of income.

Do you have any income producing hobbies? Yes No
If YES, state type of hobby and amount of income received per year.
List all other income not set out above (e.g. dividends, rental income, annuities, pensions, etc.)
Have you received any income Tax refunds in the past year?
Do you expect to receive any income Tax refunds in the near future? Yes No
If YES, when and for how much?
Are you a veteran? Yes No
If YES, specify any veteran's benefits and allowances to which you are entitled?

D. Income from Business or Self Employment

If you are self-employed or your business is a proprietorship or partnership, list the names, addresses and telephone numbers of any partners, principals, etc.

Name	Address	Telephone No.

Business Location			Street Address		
City	P	rovince		Postal Code	
Is this business a	proprietorship	partnership	corporation		
What percentage of the		What is the net book		What is the estimated market	
business is owned by you?		value of the business?		value of the business?	

Itemize your yearly income: Salary, bonuses, dividends, and other

Salary	\$
Bonuses	\$
Dividends	\$
Other (automobile allowances, expenses, etc.) Provide details.	\$
	\$

Itemize other benefits (e.g. company car, house, loans, savings plans, share purchase options, etc.)

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

If business is a corporation, complete the following:

Are you an Officer or Director?

Yes

Title

Total number of shares issued by the corporation and outstanding (describe the type and class of share:)

Total number of shares of each class held by you:

Class	Number	Net Book Value	Class	Number	Net Book Value

Total amount of all loans payable to you by the corporation:

	Terms of repayment:
Amount	\$
Amount	\$

Attach a copy of most recent financial statement

E. Monthly Expenses

List all of your monthly debt payments (loans, credit cards, personal debts, etc.), specifying the following:

Type of Debt	To Whom Payable	Amount Outstanding	Monthly Payment

List other personal liabilities, (personal guarantees, encumbrances and debts specifically attached to personal property, etc.), specifically name and address of creditor, and amount of liability.

Name of Creditor	Address of Creditor	Amount	Has debt been sued or judgement obtained?

Address of Creditor	Amount	Has debt been sued or judgement obtained?
	Address of Creditor	Address of Creditor Amount

F. Assets Real Estate. List all real estate (homes, rental properties, cottages, condominiums, etc.) both within and outside the Province in which you own an interest, including municipal address, legal description, purchase price, balance owing, and current market value.

	Municipal Address	Legal Description	Purchase Price and Date	Balance Owing	Current Market
1.					
2.					
3.					
4.					
5.					
6.					

List the name and addresses of any mortgages for each property described above, as well as the date the mortgage was granted, and the amount outstanding on the mortgage.

	Name of Mortgages	Addresses of Mortgages	Date of Mortgage Granted	Amount Outstanding on Mortgage
1.				
2.				
3.				
4.				
5.				
6.				

Motor Vehicles

List all major vehicles including cars, trucks, farm machinery, construction equipment, recreational vehicles, aircraft, etc. in which you own an interest.

	Type – Make – Model - Year	Serial No.	Purchase Price	Current Market Value	Sole Owner Y/N?
1.					
2.					
3.					
4.					
5.					
6.					

Are any of the above vehicles subject to any security interest, liens or encumbrances? If YES, specify:

	Holder of Security, Interest, Lien or Encumbrance	Date of Lien/Encumbrance	Balance Owing on
1.			
2.			
3.			
4.			
5.			
6.			

Bank Accounts, etc.

List all chequing and savings accounts, term deposits, RRSP's, annuities, etc., specifying the following:

	Type of Deposit	Name of Institution	Account No.	Branch Address	Sole Account o	or Joint Account?
1.						
2.						
3.						
4.						

Shares and Securities.

If you have holdings in a Corporation, complete the following:

List all shares, options, warrants, etc., and their current market value below.

	Name of Corporation	Туре	Number	Current Market Value	Dividends Payable (if any)	Date Payable
1.						
2.						
3.						
4.						
5.						

List all bonds and debentures held and their current market value below.

	Name of Issuer	Class or Series	Quantity Held	Total market Value
1.				
2.				
3.				
4.				
5.				

List location of all certificates for all corporate holdings and the name(s) and address(es)

Location of Security Certificates or Other Evidence of Ownership of Securities Name and Address of Broker(s)

1.	
2.	
3.	
4.	
5.	

Description of Assets

Location of Assets

1.		
2.		
3.		
4.		

Other Assets.

List all other assets, specifying kind, value and location, and whether solely or jointly owned below.

		Sole O	wner			
Type of Asset	Description		No	Location	Value	
Interests in Other						
Promissory notes,						
judgement debts						
Loans and mortgages						
pension plans,						
registered pension						
plans, self-						
administered pension						
plans, life insurance						
policies, (each						
surrender value)						

List all other assets, specifying kind, value and location, and whether solely or jointly owned below: e.g. art, jewelry, bullion, coins, cameras, household furniture and appliances (stereos, T.V.'s, computers, crystal, dishwashers, etc.)

Description of Asset		wner		
		No	Location	Value

G. Transfer of Property

Have you given away, sold, assigned or otherwise transferred any property (land, buildings, vehicles, money, household furnishings, etc.) to anyone in the past year? Specify details below.

	Description of Property	To Whom Transferred	Date of Transfer	How much money, If any, was recovered by you?
1.				
2.				
3.				
4.				
5.				
6.				

H. Insurance

List all insurance policies in which you are named as a beneficiary, including the insurance company granting the policy, the policy number, the amount, the person insured, the premium, and its cash surrender value.

Insurance Company	Policy No.	Amount	Person Insured	Premium	Cash Surrender Value

I. Parties Who Owe You Money

ist all parties who owe you money:							
Name	Address	Reason for Debt	Amount Owing	Status of Court Action, if any			

J. Inheritance

List all estates in which you are the beneficiary of an inheritance. Deceased's Name

Address

Value of Inheritance

K. Additional Income and Assets

List all income and assets not itemized above. (e.g. legal action claims under insurance policies, etc.)