

CUSTOMER RECORD SHEET

clear form

Year _____

Mr Mrs	Deceased Date of death		Yes No DD/MM/YYYY		Spouse	Spouse Mr Mrs		Deceased Date of death		Yes No	
Last name					Last nan	ne					
First name					First nar	ne					
Social insurance #					Social in	surance #					
Date of birth			DD M	M YYYY	Date of I	birth			DD M	M YYYY	
Phone					Phone						
Phone					Phone						
Email address					Email ac	ldress					
Person with a disabilit	ty		Yes	No	Person \	with a disability	,		Yes	No	
I lived alone ALL YEA	ΑR		Yes	No	Spouse's	s declaration pr	ocessed by Pla	ıni-Impôt	t? Yes	No	
(Excluding dependants)					In It NO, we need the net income from ; Line 23600 FED				ED	!	
					∥ է		Line	275 Qc			
CIVIL STATUS as of	of December	· 31st									
Bachelor	Married		Com	monlaw	Separate	ed	Divorced		Widow		
Change of marital state	tus Yes	No	Previous	s status			Date of change	.	DD	/MM/YYYY	
CURRENT ADDRES	SS										
No Str					Apt	Cit	у				
Postal Code	Prov.		Change	of address i	n 2023?	Yes No	Date of cha	nge	DI	D/MM/YYYY	
Prescription Drug Ins					Spousa	al Prescription I	Orug Insurance	9			
Are you insured in the)	public		private	Are you	ı insured in the		public		private	
My own group plan (w	vork)	From	Month	Month	My own	n group plan (w	ork)	From	Month to	Month	
With the spouse or parent plan From				to	-	With the spouse or parent plan From					
•	•	From		to	-	government		From	to	o	
RAMQ government in	surance	110111		10	- KAIVIQ	government	Insulance	110111			
CHILDREN Last name	First name		Sex	Date of DD MM	birth YYYY	S.I.N.	Disability	Pays a pension	•	Tax done by Plani-Impôt	
Other information :								LIDD		LLD	
							Withd	HPB rawal		LLP \$	
							Baland	_		\$	
Signature							Purcha Amou	se date nt		\$	
Date	DD/MM/YYYY Referred by :							vners _		Ψ	