

## 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 OCCUPATIONdomiciled 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 LETTERSSworn before me at \_\_\_\_\_, on \_\_\_\_\_.  
CITY DATE\_\_\_\_\_  
SIGNATURE OF THE COMMISSIONER OF OATHS\_\_\_\_\_  
FIRST AND LAST NAME IN BLOCK LETTERS