

Letter of Indemnity

Cheque Stop Payment and Replacement Request

To:	MCAN Financia	al Group
Made By:		
	(the "Undersign	ed")
-	Following cheque pay turity or upon my req	ment for the deposit with MCAN Financial Group quest:
Certificate	e Number:	
Cheque N	umber:	
Cheque D	ate:	
Cheque A	mount:	
Payable T	o:	
MCAN for cance NOW THEREFO hereby requests M indemnify and ho	llation. DRE, THIS LETTER MCAN to place a stop	OF INDEMNITY WITNESSETH that the undersigned payment on and replace the above cheque, and agrees to against any loss, cost, expense, damage or liability incurre ith this request.
Dated this	day of	, 20
Signature of Witn	ness	Signature of Undersigned
Name of Witness	– please print	Name of Undersigned – please print
Address		Address