

**SWORN DECLARATION IN
SUPPORT OF THE CLAIM OF:** _____

DISTRIBUTION OF CLASS ACTION COMPENSATION

Turenne v. FTQ Construction: 500-06-000586-111
Carrier v. CPQMC (Inter): 500-06-001096-201

I, the undersigned, _____ **(NAME)**, residing at

_____ **(ADDRESS)**, solemnly declare

that all the facts stated in this claim, as set out above, are true.

AND I HAVE SIGNED on this _____ **(DATE)**

NAME

Solemnly sworn before me in the city of _____ (CITY) on _____ (DATE)	I certify that the declarant has presented a document confirming their identity: <input type="checkbox"/> Driver's license <input type="checkbox"/> Health Insurance Card <input type="checkbox"/> Passport <input type="checkbox"/> Other document: _____
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**Commissioner for Oaths for the Province of
Quebec (or outside Quebec)**

REMINDER

You must have submitted your sworn declaration to the Claims Administrator (Concilia Services Inc.) before April 15, 2026, to meet the initial conditions of your claim.

*Please ensure that all required information is correctly entered before submitting your claim. For any corrections to your claim form, please contact us at **1-877-770-8091**. Please do not submit a new claim form.