## Confirmation de don d’actions

**S.V.P.** Utiliser le bouton TAB pour vous déplacer d’une case à l’autre et compléter en minuscule

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARTIE A ⎯⎯ | | | | | | | Renseignements sur le donateur (à compléter par le donateur ou un représentant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Nom | | |  | | | | | | | | | | | | | | | | | |  | | | 2 | | | Prénom | | | |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 3 | Compagnie | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 4 | Adresse | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Ville | |  | | | | | | | | | | | | | Province | | | | |  | | | | | | | | | | | | Code postal | | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 5 | Téléphone | | | | |  | | | | | | | | | | | | Télécopieur | | | | | | | |  | | | | | | | Courriel | | |  | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 6 | Reçu émis à mon nom personnel | | | | | | | | | | | | |  | | | | Reçu émis au nom de la compagnie | | | | | | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 7 | Nom du gardien de valeurs | | | | | | | |  | | | | | | | | | | | | |  | | | 8 | | | CUID du courtier/gardien livreur | | | | | | |  | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 9 | Institution et numéro de compte | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 10 | Adresse | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Ville | |  | | | | | | | | | | | | | Province | | | | |  | | | | | | | | | | | | Code postal | | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
| 11 | Téléphone | | | | |  | | | | | | | | | | Télécopieur | | | | | | | | |  | | | | | | | | Courriel | | |  | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 12 | Quantité d’actions à transférer | | | | | | | | | | |  | | | | | | | | |  | | | 13 | | | Titre | | |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 14 |  | | | | | | | | | | Numéro de compte  Numéro de compte | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
|  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 15 | Date de la confirmation du don | | | | | | | | | | | |  | | / | |  | | / |  | | | | |  | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 16 |  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  |
| Signature du donateur | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Nom du donateur | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 17 |  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  |
| Signature du représentant | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Nom du représentant | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARTIE B ⎯⎯ | | | | | | Instructions du client au Trust Banque Nationale | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Nom | | Cinq-Mars | | | | | | | | | | | | |  | | 2 | | Prénom | | Maxim | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 3 | Adresse | | | 600 rue De La Gauchetière Ouest, 28e étage | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Ville | Montréal | | | | | | | | | | Province | | | | Québec | | | | | | | | | Code postal | | | H3B 4L2 |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| 4 | Téléphone | | | | (514) 871-7922 | | | | | | | Télécopieur | | | | | | | (514) 871-7147 | | | | | | Courriel | maxim.cinqmars@bnc.ca | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 5 | CUID du Trust Banque Nationale | | | | | | | | NBCS | | | | | |  | | | | | | 6 | | Transfert au compte | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 7 | Date de transmission au Trust | | | | | | |  | | / |  | | / |  | | |  | |  |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | Téléphone | | |  | |  |
| Copie à | |  | | |  | | | | | | | | | | | | | | | | | | | Télécopieur | | |  | |  |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | Courtier livreur | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARTIE C ⎯⎯ | | | | Confirmation de réception des actions par le Trust Banque Nationale (à compléter par le représentant du Trust Banque Nationale et à retourner par télécopieur au client) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | Quantité d’actions transférées | | |  | | | | | |  | | 2 | Titre |  | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 3 | | Valeur des actions transférées | | | |  | |  | | 4 | | Réception des actions | | | |  | | Date |  | | / |  | | | / |  | |  | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Strictement réservé au représentant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Initiales | | Copie au dossier du donateur | | | |  | |  | | | | | | | | Initiales | | Lettre et reçu au donateur | | | | | | | | | | |  |
|  |  | | | / |  | | / |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |