

4. SMALL CLAIMS FORM

We recommend that you use this Form to submit a Small Claim to the Administrator of the Ship-source Oil Pollution Fund, following the directions carefully as you proceed. The digital version of this Form is fillable.

Two examples of the completed Form have been prepared by the Office of the Administrator. The first presents a sample Small Claim submitted by an individual. The second presents a sample Small Claim submitted by a government agency.

Email your completed Form to the Office of the Administrator at claims@sopf-cidphn.gc.ca. Alternatively, you may mail it to the address below. Registered mail is recommended.

Office of the Administrator
Ship-source Oil Pollution Fund
Suite 830, 180 Kent Street
Ottawa, Ontario, Canada
K1A 0N5

A. CLAIMANT INFORMATION

Complete the appropriate box or boxes below, according to the instructions.

INDIVIDUALS

Full name: _____

Telephone: _____

Email: _____

Address: _____

Identification: Individual claimants must provide a copy of a piece of government-issued identification. The name and address on the provided piece of identification must match the information provided above. If you are unable provide the requested identification, please contact the Office of the Administrator before submitting your Small Claim.

AUTHORIZED REPRESENTATIVE OF INDIVIDUAL CLAIMANT

Complete this box if you are submitting this claim on behalf of another individual, with authorization. In addition, complete the **INDIVIDUALS** box using the information of the person you represent.

Full name: _____

Relationship to the claimant: _____

Telephone: _____

Email: _____

Address: _____

Identification: Provide a piece of government-issued identification. The name and address on the provided piece of identification must match the information provided above. If you are unable provide the requested identification, please contact the Office of the Administrator before submitting a Small Claim on behalf of anyone.

CORPORATIONS OR OTHER ORGANIZATIONS

Full official name of corporation or organization: _____

Type of corporation or organization: _____

Official identification number, if applicable: _____

Full name of authorized representative for the purposes of this claim: _____

Title of authorized representative: _____

Telephone: _____

Email: _____

Address: _____

B. DESCRIPTION OF THE INCIDENT

Your **Description of the Incident** may be in point form and need not be lengthy.

At minimum you must provide the following information:

- Location, date, and time of the incident;
- Whether there was an actual or anticipated oil spill;
- Name and type of ship that caused the incident, if known;
- Name(s) of the shipowner or shipowners, if known;
- A brief chronology of the incident, including any measures you took; and
- Indicate whether you have taken any actions to recover your damages from the shipowner(s), an insurer, or otherwise.

D. ATTESTATION

If the claimant is an individual, that individual must attest. If the claimant is a corporation or other organization, the authorized representative for the purposes of this claim must attest.

I, the Attestor, hereby attest to the Administrator of the Ship-source Oil Pollution Fund (the “Administrator”) that:

- 1. The facts set out in my Small Claim are true;**
- 2. I have no reason to believe that my damages were not caused by a ship;**
- 3. I can and will provide the Administrator with full documentation in support of my claimed damages within 30 days if so requested by the Administrator.**

I understand that my claim may be subject to reassessment by the Administrator if payment is ultimately directed to me, and that I may be required to repay to the Administrator any amount deemed not to be properly compensable under the Small Claims Process.

I also understand that if I fail to provide the Administrator with full supporting documentation within 30 days of receiving a request for such documentation, I may be required to repay the full amount I originally received from the Administrator in respect of my Small Claim.

I further understand that if I fail to repay any amount as directed by the Administrator, I may be required to pay interest on that amount.

Signature of Attestor: _____

Printed full name of Attestor: _____

Place of attestation: _____

Date of attestation: _____

Signature of Witness: _____

Printed full name of Witness: _____

Witness telephone: _____

Witness email: _____

Witness address: _____

E. CLAIMANT DIRECT DEPOSIT FORM

Claimants are encouraged to fill out the attached **Direct Deposit Enrolment Form** with their current banking information and submit it to the Administrator along with their other completed forms. The Direct Deposit Enrolment Form is designed for business use, but it can also be used by individuals or other entities. This will facilitate prompt payment from the Administrator. Claimant banking information is carefully protected.



DIRECT DEPOSIT ENROLMENT FORM FOR BUSINESSES

FORMULAIRE D'INSCRIPTION AU DÉPÔT DIRECT POUR LES ENTREPRISES

PRIVACY NOTICE The personal information is collected under the Financial Administration Act, ss. 17(1) and 35(2). The information is used and disclosed to relevant federal program(s) and your financial institution for direct deposit purposes. Direct deposit payments can not be made without provision of information requested. Personal information is protected in accordance with the provisions of the *Privacy Act*. Under the Act, individuals and businesses have a right to request access and correct their personal information, if erroneous or incomplete.

AVIS DE CONFIDENTIALITÉ Les renseignements personnels sont recueillis en vertu de la *Loi sur la gestion des finances publiques*, par. 17(1) et 35(2). Les données sont utilisées et divulguées à des programmes fédéraux pertinents et à votre institution financière aux fins de dépôt direct. Les paiements par dépôt direct ne peuvent être effectués sans que les renseignements requis aient été fournis. Les renseignements personnels sont protégés conformément aux dispositions de la *Loi sur la protection des renseignements personnels*. En vertu de cette loi, toute personne ou entreprise a le droit de demander d'accéder à leurs renseignements personnels et à corriger ces derniers s'ils sont erronés ou incomplets.

Print clearly and in block letters. Please keep the appropriate federal government department informed of any changes to your mailing address. Should the department require clarification on the data you have provided, they will contact you.

Écrivez lisiblement et en lettres moulées. Veuillez informer le ministère fédéral approprié de tout changement d'adresse. Un représentant du ministère communiquera avec vous si des clarifications sur les données que vous avez fournies sont nécessaires.

PART A - PARTIE A

1) Business Name
Nom de l'entreprise

Remittance Address
Adresse de versement (Include Unit No., R.R. or P.O. Box - Indiquer le n° d'unité, la route rurale ou la case postale)

Province

City, Town
Ville Postal Code
Code postal

2) Authorized Representative's Name
Nom du représentant autorisé

Email Address
Adresse courriel

Telephone
Téléphone

Fax
Télécopieur

PART B - PARTIE B

Branch No.
N° de succursale

Institution No.
N° de l'institution

Account No.
N° de compte

Name of Account Holder(s)
Nom(s), titulaire(s) du compte

How to complete Part B

See example below

1. Cheque number - not required.
2. Branch number - 5 digits.
3. Institution number - 3 digits.
4. Account number - as shown on your cheque.

Comment remplir la partie B

Voir l'exemple ci-dessous

1. Numéro du chèque - pas nécessaire.
2. Numéro de la succursale - 5 chiffres.
3. Numéro de l'institution - 3 chiffres.
4. Numéro de compte - comme il est indiqué sur votre chèque.

Name / Nom		Example / Exemple		Cheque No. 0000000	
P.O. Box / C.P. 000				N° de chèque	
City / Ville, Canada H0H 0H0					
Pay to the order of		"Void"		\$ _____	
Payez à l'ordre de		« Nul »		Dollars	
				Signature	
# 9999 #		! 9999999 9999 !		9999 9999 99 #	
1		2		3	
				4	

Instead of completing Part B, you can attach a blank cheque for your bank account with "VOID" written on it. DO NOT ENCLOSE ANYTHING OTHER THAN YOUR VOIDED CHEQUE WITH THIS FORM.

Au lieu de remplir la partie B, vous pouvez joindre un spécimen de chèque portant la mention « NUL » au recto. À L'EXCEPTION DE VOTRE SPÉCIMEN DE CHÈQUE, NE JOIGNEZ AUCUN AUTRE DOCUMENT AU PRÉSENT FORMULAIRE.

PART C - PARTIE C

GST / HST / BUS #

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PART D - PARTIE D

I, as an authorized representative of this business, grant the Receiver General for Canada the right to deposit future payment(s) directly into the bank account specified until further notice.

En tant que représentant(e) autorisé(e) de cette entreprise, j'accorde au receveur général du Canada le droit de déposer les prochains paiements directement dans le compte bancaire désigné, et ce, jusqu'à nouvel ordre.

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Date (YYYYMMDD)
Date (AAAAMMJJ)

X

Signature of Authorized Representative
Signature du (de la) représentant(e) autorisé(e)

► Preferred Language
Langue de préférence

English
Anglais

Français
French