



APPLICATION FORM AIR INDIA FLIGHT 182 EX GRATIA PAYMENT

**MAIL THE COMPLETED FORM TO THE FOLLOWING ADDRESS:
AIR INDIA FLIGHT 182 EX GRATIA PAYMENT PROCESSING CENTRE
SERVICE CANADA
PO BOX 8232, STN T
OTTAWA ON K1G 3L4**

The Government of Canada is providing a one-time *ex gratia* payment to the families of passengers and crew members of Air India Flight 182. The Air India Flight 182 *Ex Gratia* Payments are being provided to families to demonstrate that the federal government recognizes the suffering families had to endure due to years of unanswered questions related to this tragedy.

This application form, Annex A and Annex B should be completed using the accompanying Application Guide. **Note that where an asterisk (*) is indicated, the information requested is mandatory.**

* PART 1 – VICTIM(S) INFORMATION (PASSENGERS AND CREW OF FLIGHT 182)

List the individuals who lost their life in the Air India Flight 182 tragedy with respect to whom you are applying for an *ex gratia* payment.

	*First Name	*Family Name	*Date of Birth (yyyy/mm/dd)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

* PART 2 – APPLICANT INFORMATION (DESIGNATED REPRESENTATIVE)

* Applying on behalf of (Select One): Family Member(s) (including self) Self only (as Family Member)
 Family Member(s) (excluding self) Other

* First Name:		Middle Initial	*Family Name:	
Mailing Address	*Street and Number		*City/Town	
	* Province/Territory or State (if applicable)		* Country	Postal Code
*Telephone Number:			Alternate Telephone Number (if applicable):	
*Official Language you wish to use for Communication? <input type="checkbox"/> English <input type="checkbox"/> French				



*** PART 3 – CONSENT OF APPLICANT (DESIGNATED REPRESENTATIVE)**

I, the undersigned, consent to:

- i) the collection and use by Department of Human Resources and Skills Development (Service Canada) and Public Safety Canada of the personal information contained in the Air India Flight 182 *Ex Gratia* Payment application for the purpose of this *ex gratia* payment;
- ii) the subsequent disclosure of the personal information submitted for the purpose of verifying my identity and/or familial relationship to the victim and/or issuance of the *ex gratia* payment.

Signature of the applicant

Date

*** PART 4 – DECLARATION OF APPLICANT (DESIGNATED REPRESENTATIVE)**

I declare that the information provided on this application is complete and true to the best of my knowledge and belief. I understand that this information will be used to determine eligibility for the Air India Flight 182 *Ex Gratia* Payment and that this information may be subject to verification.

To the best of my knowledge there are (select one):

- no additional family members
- no additional family members who intend to apply.
- additional family members who may apply and are not represented by this application.

Signature of the applicant

Date

*** PART 5 – DESIGNATED ALTERNATE PAYEE**

In the event the applicant is assessed as eligible to receive a payment but is incapable of receiving the payment at the time of issuance, the designated alternate payee below will receive the payment, and if applicable, will distribute the payment according to the wishes of the family.

* First Name:		*Family Name:	
Mailing Address	*Street and Number	*City/Town	
	* Province/Territory or State (if applicable)	* Country	Postal Code
*Telephone Number:		Alternate Telephone Number (if applicable):	

The personal information provided in this application is collected under the authority of the *Order Respecting Air India Ex Gratia Payment (2011-1238)* and the *Order Respecting Ex-Gratia Payment program - Air India Flight 182 (2011-1254)* and is protected, used and disclosed under the *Privacy Act* and other federal legislation, including the *Department of Social Development Act* and the *Department of Human Resources and Skills Development Act*. Providing this information is voluntary and not required by law. However, if this information is not provided, an application cannot be processed and no *ex gratia* payment can be issued.

Information will be collected and stored in a personal information bank and will be accessible to the applicant upon request. (For Public Safety Canada, Personal Information Bank No. PS PPU 50, for Department of Human Resources and Skills Development (Service Canada) Personal Information Bank No. HRSDC PPU 702 and for Public Works and Government Services Personal Information Bank No. PWGSC PCU 712).



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