

## Renunciation of Safety Deposit Box Contents

The lessee of a safety deposit box, the lessee's legal representative or the liquidator of the lessee's succession can complete this form to renounce the contents of a safety deposit box that was remitted to Revenu Québec by the financial institution that leased the box to the lessee.

If you are not the lessee, enclose a copy of a mandate or power of attorney and a copy of the will or the marriage contract stating your role or relationship to the lessee.

Once we have received the duly completed form and the other required documents, we will destroy any property with no monetary value that is in the safety deposit box.

### Sending the form and required documents

To send the form and required documents by secure email, **first** email us at [coffrets@revenuquebec.ca](mailto:coffrets@revenuquebec.ca). An employee will then send you instructions on how to register for our secure messaging service.

If you cannot send the form and required documents by secure email, mail them to:

Direction principale des biens non réclamés  
Revenu Québec  
500, boulevard René-Lévesque Ouest, 10<sup>e</sup> étage  
Montréal (Québec) H2Z 1W7

### 1 Information about the lessee of the safety deposit box

Last name and first name (individual) or name (corporation)

Current address or last known address

Street number and street name **or** PO box

Apartment

City, town or municipality

Province

Postal code

Social insurance number  
(if applicable)

Date of birth (if applicable)

Québec enterprise number  
(if applicable)

Area code Telephone

Extension

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### 2 Information about the lessee's legal representative or the liquidator of the lessee's succession (if applicable)

Last name and first name (individual) or name (business)

Area code Telephone

Extension

Check the appropriate box.

Legal representative

Liquidator of the succession

### 3 Information about the safety deposit box

Reference number

Name of financial institution

### 4 Renunciation and certification

I, \_\_\_\_\_, acting on my own behalf or as the legal representative of the person identified in Part 1

First and last names

of this form, renounce the contents of the safety deposit box described above, which is currently held by Revenu Québec.

I also certify that all the information in this form and in any accompanying documents is accurate and complete.

First and last names

Signature

Date



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**BNR**