

## **W**ITHDRAWAL OF A REQUEST FOR RECOGNITION OF AN ASSISTANT TO A PERSON OF FULL AGE WHICH IS BEING PROCESSED

Reserved for the Curateur public du Québec

The fields followed by an \* are mandatory.

YOUR PROCESS AS A PERSON SEEKING ASSISTANCE	
Who is submitting this request? *	
Last name *	First name *
If you know it, please enter your Curateur public du Québec file n°. below.	
Curateur public du Québec file n°.	
What is the number of the request for recognition in question? *	
Number of the request for recognition concerned *	
Your request	
This request to cancel your request for recognition may not be revoked once it has been approved by the Curateur public du Québec.	
All of the actions already taken by the Curateur public du Québec in conjunction with this request will be considered null and void. The request for recognition will thus be definitively closed.	
If applicable, you will need to prepare and submit to the Curateur public du Québec a new request for recognition to have one or two other persons recognized as assistants.	
I UNDERSTAND the scope and significance of the preceding and I HEREBY REQUEST that the previously mentioned request for recognition be cancelled.	
Signature of the person seeking assistance *	Date *
	YYYY-MM-DD

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