

Application to Pre-1986/Post-1990 Hepatitis C Settlement Fund
Affidavit for Primarily/Secondarily Infected Claimants
FORM D

I, _____, of _____
(Claimant's name) (Claimant's place of residence)

in the Province/Territory of _____, MAKE OATH AND SAY:
(Claimant's Province/Territory of Residence)

1. I have never used intravenous drugs except under the direction of a licensed medical practitioner.

2. I had no indications of Hepatitis C infection,

Check this box if you are a Primarily Infected Claimant:

prior to my receipt of blood, blood derivatives or blood products on or before December 31, 1985 or
during the period from July 1, 1990 to September 28, 1998 inclusive.

Check this box if you are Secondarily Infected Claimant:

prior to my sexual, perinatal or other contact with _____
(name of Primarily Infected Claimant)

or prior to the date upon which he/she was infected with Hepatitis C.

3. I am not entitled to compensation under FPT 1986-1990 Settlement (also referred to as the Hepatitis C January 1, 1986 - July 1, 1990 Class Actions Settlement).

SWORN before me at the City of _____, in the
Province/Territory of _____
this ____ day of _____, 2001

Commissioner for Taking Affidavits

} _____
Claimant's Signature