

# RECEIPT FORM

Receipt Number: \_\_\_\_\_ Payment Received By: \_\_\_\_\_

## Payer Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

## Payee Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

## Payment Details:

Amount Received (CAD): \_\_\_\_\_

Payment Method: \_\_\_\_\_

Description / For What: \_\_\_\_\_

## Legal Acknowledgments:

This receipt acknowledges the payment described above has been received in full by the Payee from the Payer. This receipt does not constitute a waiver of any rights or obligations under applicable Canadian law. Both parties affirm that the payment was made voluntarily and in accordance with all relevant statutes and regulations. The Payee confirms that the payment clears any outstanding liabilities related to the subject described in this receipt. Any disputes arising from this transaction shall be governed by the laws of Canada and the relevant provincial or territorial jurisdiction.

## Signatures:

**PAYER'S SIGNATURE**

**PAYEE'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Privacy Notice:

The personal information collected on this form is used solely for the purpose of documenting this payment transaction and will be handled in accordance with applicable Canadian privacy legislation. The information will not be disclosed

to third parties except as required or permitted by law. Questions regarding the collection and use of personal information may be directed to the Payee.

**Dispute Resolution:**

Any disputes arising from this receipt or the underlying transaction shall be resolved through negotiation between the parties. Failing resolution, disputes will be subject to the exclusive jurisdiction of the courts of the applicable Canadian province or territory. Both parties waive any right to trial by jury in disputes related to this receipt, to the extent permitted by law.

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