

OPT-OUT FORM
CLASS ACTION *Quebec Native Women Inc. and Isabelle Paillé v. Attorney General Of*
Canada
(n° 500-06-001005-194)

This is **not a claim form**.

If you wish to be excluded from the class action, you must fill out this form. Completing this form will exclude you from the class and you will not receive any compensation arising from a favourable judgment or from a settlement in the class action.

OPT-OUT FORM	
First name:	
Last name:	
Address:	
City:	
Postal code:	
Telephone:	
Email:	
By signing below, I certify that I wish to opt out from class action n° 500-06-001005-194 and I understand that by opting out, I will not be bound by any of the Court's decisions in this class action and will not receive any compensation that may arise from this class action.	
Date : _____	Signature : _____

For a valid exclusion, you must send this form by mail to the Registry of the Superior Court of Quebec before September 13, 2023, at the following address:

Registry of the Superior Court of Quebec
1, rue Notre-Dame Est
Montréal (Québec) H2Y 1B6

It is also highly recommended that you send a copy of your form to the class's lawyers at the following address:

DIONNE SCHULZE
507 Place d'Armes, #502
Montréal (Québec) H2Y 2W8
Email : paille@dionneschulze.ca