



LOST CHECK REPLACEMENT FORM

Vendor /

Shareholder Name: _____

Address: _____

City: _____ State _____ Zip code _____

Phone: _____ Email: _____

I, _____, hereby certify that the following checks from the Yak-Tat Kwaan Inc. have not been received, or have been lost or otherwise destroyed and have therefore not been cashed:

Check # _____ dated _____ for \$ _____

A replacement check is hereby requested with the full knowledge that if the original check for which this duplicate is drawn should ever be presented and paid, I will be obligated to reimburse Yak-tat Kwaan Inc. for the full amount overpaid.

Signature: _____ Date: _____

To be complete by Shareholder Relations

Date received: _____

Processed: _____
