

VAC Disability Benefits 2024 Class Action

CLIENT INFORMATION QUESTIONNAIRE

Your full legal name (include any aliases): _____
(FIRST) (MIDDLE) (LAST)

Your telephone number(s): _____

Your contact email: _____

Your CAF service number or RCMP regimental number (or, if you are a spouse, common law partner, survivor, or dependant of a member of the CAF or the RCMP, their CAF service number or RCMP regimental number):

Your VAC file number: _____

Who you are submitting the information on behalf of (whether on your own behalf or on behalf of a family member):

Additional comments and information you want to share: