



WEB FORM
PROOF OF DISABILITY TRANSMISSION

CUSTOMER IDENTIFICATION

Name: _____

Phone number: _____

Account number: _____

(You may add here, or as an attachment to this form, a valid proof of disability)

Accepted proof of disability:

- Attestation** signed by a physician with the right to practice in Canada
 - This attestation must confirm the type of disability and the level of impairment. In all cases, the level of disability must be problematic.
- Attestation from The Louis-Braille Institute.
- Attestation from The Nazareth Institute.
- Certificate of disability from CNIB (philanthropic organization for the blind)
- Attestation from an optometrist / optician
- Attestation of disability
- Certificate for tax credit purposes for people with disabilities

Important: The customer must delete personal information unrelated to the disability, i.e.: Social Insurance Number, health insurance number, reference to another disability.

Please send the completed form by email or fax

By email to:
controlequalite@videotron.com

By fax at:
1-800-773-1877 or
514-380-9106 (Montréal)

Please allow a grace period of 10 business days for the disability authentication process.