



### CEP – Request for Reconsideration

|  |  |                   |  |
|--|--|-------------------|--|
| CEP Transaction ID   |  | WIID              |  |
| Last Name  |  | Given Names       |  |
| Nicknames or other traditional names not indicated on your application |  | Date of Birth     |  |
| Indian Residential School(s) at which you lived                        |  | Years lived there |  |
| Years confirmed  |  | Years denied      |  |

If you wish to apply for a reconsideration of your CEP application, please provide any additional information that might help us confirm that you lived at the Indian Residential School(s) indicated on your application form.

Please mail completed forms to:  
Common Experience Payment Response Centre  
P.O. Box 5260  
Nepean LCD Merivale  
Ottawa, ON K2C 3H5  
(or) Fax: 1-866-352-4080  
(or) E-mail: [reconsideration@irsr-rqpi.gc.ca](mailto:reconsideration@irsr-rqpi.gc.ca)