STATEMENT OF GIFT

l,		
(Name of provider)		
gift my		
gift my (Year, make, model)		
(VIN or serial #)		
to: (Name & Relation)		
Vehicle mileage:		
Provider's Manitoba license pla	te number:	
PRINT Provider's name, addr	ess (including postal code)	and telephone:
Provider's name:		
Address:		
Postal code:	Phone number:	
X		
X Signature of Provider		Date
PRINT Recipient's name, add	ress (including postal code	e) and telephone:
Recipient's name:		
Address:		
Postal code:	Phone number:	
X		
Signature of Recipient		Date

A completed Transfer of Ownership Document (back of registration) must accompany the Statement of Gift.

Only FULLY COMPLETED Statements of Gift will be accepted.