

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**
CHARLOTTE AMALIE, ST. THOMAS, V.I. 00801
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Department of Finance

AFFIDAVIT OF LOST CHECK-----AGREEMENT OF INDEMNITY

Whereas, the Commissioner of Finance of the Virgin Islands has caused to be issued and delivered to me a certain check No. _____ dated the ____ day of _____, 20____ in the sum of \$ _____ drawn on the (Name of Bank) Firstbank of the Virgin Islands.

Whereas, the undersigned has represented to the Commissioner of Finance of the Virgin Islands and now declares that said check has been mislaid, lost, destroyed, not received or bears a signature that is either unacceptable to the bank or not legible and has therefore applied to said Commissioner to issue a replacement checker check which said Commissioner has consented to do (after a 60 day waiting period) upon receiving the indemnity hereinafter contained:

Now, therefore, the said (Name of Payee) _____ doth hereby agree to save harmless and indemnify the Government of the Virgin Islands from and against all claims and demands in respect to the said check; and from against all damages, losses, cost, charges and expense which the Government may sustain, incur or be liable for in consequence of it having issued a second check in lieu of the one above described. And the undersigned further agrees to return said check to the Commissioner of Finance forthwith if same shall be found.

Name (print): _____

Year: _____

Signature: _____

SSN/EIN: _____

Spouse Name (print): _____
(Mandatory if taxpayer filed joint return.)

SSN (Spouse): _____

Spouse Signature: _____
(Mandatory if taxpayer filed joint return.)

Mailing Address: _____

Date: _____

Telephone No: _____

Subscribed and sworn before me this:

_____ day of _____ 20____

Notary Public