

OPT OUT FORM

QUÉBEC YASMIN/YAZ CLASS ACTION OPT OUT FORM

**THIS IS NOT A REGISTRATION FORM OR A CLAIM FORM.
THE PRESENT FORM EXCLUDES YOU FROM PARTICIPATING IN THE CLASS ACTION.
DO NOT COMPLETE THIS FORM IF YOU WANT TO PARTICIPATE IN THE CLASS ACTION.**

Name:

Mr. / Mrs. / Miss / Ms.

Current Address:

Apt/No/Street City Province Postal Code

Telephone:

Home: ()

Work: ()

Cell: ()

Fax: ()

Date of Birth :

Identification of the person signing this Opt Out Form:

- I am a resident of Québec and was prescribed and used Yasmin between December 10, 2004 and November 30, 2011 and/or Yaz between January 6, 2009 and November 30, 2011
- I am the designated liquidator of the succession of a former resident of Québec now deceased who was prescribed and used Yasmin between December 10, 2004 and November 30, 2011 and/or Yaz between January 6, 2009 and November 30, 2011
- I am the family member of a resident of Québec (or former resident of Québec now deceased) who was prescribed and used Yasmin between December 10, 2004 and November 30, 2011 and/or Yaz between January 6, 2009 and November 30, 2011

**I UNDERSTAND THAT BY OPTING OUT I WILL NOT BE ABLE TO PARTICIPATE IN THE QUÉBEC
YASMIN/YAZ CLASS ACTION**

DATE: ____/____/____
 Year Mo. Day

Name of Class member

Signature of Class member

ALL OPT OUT FORMS MUST BE SUBMITTED BY SEPTEMBER 4, 2019 TO:

Clerk of the Superior Court of Québec, district of Montréal

Montréal Courthouse

1, Notre-Dame East

Montréal (Québec) H2Y 1B6

AND

To Class counsel

Siskinds, Desmeules, Avocats, s.e.n.c.r.l.

Les Promenades du Vieux-Québec

43, rue de Buade, bureau 320

Québec (Québec) G1R 4A2

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