

January 27, 2012

Dear Fraser Health Authority,

Consistent with *the Lower Mainland Pharmacy Services Consolidation (Section 54) Labour Adjustment Plan Transfer Agreement* negotiated on my behalf by the Health Science Professionals Bargaining Association and my current Employer and Fraser Health, I am hereby complying with clause #21* of the Transfer Agreement by providing you my Social Insurance Number.

My name: _____

My SIN: _____

Signature: _____

*Note:

#21 *All transferring employees shall present their Social Insurance Number (SIN) to the FHA as required by the Federal Government of Canada.*