Schedule "2"

Information Submission Form

Add Contact

Name	_____
Attention	_____
Address 1	_____
Address 2	_____
City	_____
State/Province	_____
ZIP/Postal Code	_____
Country	_____
Phone	_____
Fax	_____
Email	_____
Type	☐ Assignee ☐ Attorney ☐ CC only ☐ Claimant
Notice	☐ None ☐ Notice only ☐ Primary contact

Add Contact

Name	_____
Attention	_____
Address 1	_____
Address 2	_____
City	_____
State/Province	_____
ZIP/Postal Code	_____
Country	_____
Phone	_____
Fax	_____
Email	_____
Type	☐ Assignee ☐ Attorney ☐ CC only ☐ Claimant
Notice	☐ None ☐ Notice only ☐ Primary contact

Add Claim

Claim Amount	_____
Currency	_____
Debtor Company Name	_____
Claim Type	☐ Pre-Filing ☐ Subsequent
Classification	☐ Secured ☐ Unsecured
Category 1	☐ Employee ☐ Former Employee ☐ Guarantee ☐ Deficiency ☐ Pension ☐ Trade ☐ Landlord
Category 2	☐ Royalty

Security Type   ☐ Security Agreement ☐ Statutory Lien

Comments - Please add any comments that may assist us in reviewing your claim.

_____

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Add Claim

Claim Amount	_____
Currency	_____
Debtor Company Name	_____
Classification	☐ Secured ☐ Unsecured
Category 1	☐ Employee ☐ Former Employee ☐ Guarantee ☐ Deficiency ☐ Pension ☐ Trade ☐ Landlord
Category 2	☐ Royalty
Security Type	☐ Security Agreement ☐ Statutory Lien

Comments - Please add any comments that may assist us in reviewing your claim.

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Future correspondence

All future correspondence will be directed to the email designated in the contact details unless you specifically request that hardcopies be provided.

☐ Hardcopy of correspondence required

Acknowledgement

Signature	_____
Date	_____

Notice of Dispute

Original Claim Amount	
Revised Claim per Receiver	
Revised Claim per Claimant	
Currency	
Debtor Company Name	
Classification	☐ Secured ☐ Unsecured
Category 1	☐ Employee ☐ Former Employee ☐ Guarantee ☐ Deficiency ☐ Pension ☐ Trade ☐ Landlord
Category 2	☐ Royalty
Security Type	☐ Security Agreement ☐ Statutory Lien

Reason for Dispute - Please add any comments that may assist us in reviewing your claim.

_____

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Notice of Dispute

Original Claim Amount	
Revised Claim per Receiver	
Revised Claim per Claimant	
Currency	
Debtor Company Name	
Classification	☐ Secured ☐ Unsecured
Category 1	☐ Employee ☐ Former Employee ☐ Guarantee ☐ Deficiency ☐ Pension ☐ Trade ☐ Landlord
Category 2	☐ Royalty
Security Type	☐ Security Agreement ☐ Statutory Lien

Reason for Dispute - Please add any comments that may assist us in reviewing your claim.

_____

_____

_____

_____

_____

Acknowledgement

Signature   _____

Date   _____