

Schedule "3"

Information Submission Form

Add Contact

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

Add Claim

Claim Amount _____
Currency _____
Debtor Company Name _____
Claim Type Prefiling Restructuring D&O Claim
Classification Secured Unsecured
Category 1 Guarantee
Category 2 Deficiency Pension Trade Landlord

Security Type Security Agreement Statutory Lien

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

Add Claim

Claim Amount _____

Currency _____

Debtor Company Name _____

Claim Type Prefiling Restructuring D&O Claim

Classification Secured Unsecured

Category 1 Guarantee

Category 2 Deficiency Pension Trade Landlord

Security Type Security Agreement Statutory Lien

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

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 Monitor _____
Revised Claim per Claimant _____
Currency _____
Debtor Company Name _____
Claim Type Prefiling Restructuring D&O Claim
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Reason for Dispute - Please add any comments that may assist us in reviewing your claim.

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Acknowledgement

Signature

Date
