

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
Category 2 Deficiency Pension Trade Landlord

Security Type Royalty
 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 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.

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 _____

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Acknowledgement

Signature

Date
