
**PROOF OF CLAIM RELATING TO
SCOTSBURN CO-OPERATIVE SERVICES LIMITED**
(hereinafter referred to as "Scotsburn")

A. PARTICULARS OF CREDITOR:

1. Full Legal Name of Creditor: _____

(the "Creditor"). (Full legal name should be the name of the original Creditor of Scotsburn)

2. Full Mailing Address of the Creditor (the original Creditor, not the Assignee):

3. Has the Claim been sold or assigned by the Creditor to another party [mark (X) one]?

Yes ☐ No ☐

B. PARTICULARS OF ASSIGNEE(S) (IF ANY):

1. Full Legal Name of Assignee(s): _____

(If Claim has been assigned, insert full legal name of assignee(s) of Claim (If all or a portion of the Claim has been sold). If there is more than one assignee, please attach a separate sheet with the required information.)

2. Full Mailing Address of Assignee(s): _____

3. Telephone Number of Assignee(s): _____

4. E-Mail Address: _____

5. Facsimile Number: _____

6. Attention (Contact Person): _____

C. PROOF OF CLAIM:

I, _____ [name of Creditor or Representative
of the Creditor], of _____
(city and province)
do hereby certify:

(a) that I [mark (X) one]

☐ am the Creditor of Scotsburn; OR

☐ am _____ (state position or title) of

(name of creditor)

(b) that I have knowledge of all the circumstances connected with the Claim referred to below;

(c) the Creditor asserts its claim against Scotsburn; and

(d) Scotsburn was/were and still is/are indebted to the Creditor as specified in the calculation (or affidavit) attached and marked as Schedule "A", after deducting any counterclaims' to which Scotsburn is entitled. (the attached calculation, or affidavit must include all evidence in support of the claim):

TOTAL CLAIM: \$ _____ CAD

D. NATURE OF CLAIM

(mark (X) one and complete appropriate category)

☐ (I) **EMPLOYEE CLAIM OF**

\$ _____

☐ (II) **SECURED CLAIM OF**

\$ _____

That in respect of this debt, I hold security valued at \$ _____

particulars of which are as follows: _____

☐ (III) **UNSECURED CLAIM OF**

\$ _____

☐ (IV) **HER MAJESTY IN RIGHT OF CANADA CLAIM OF**

\$ _____

☐ (V) **HER MAJESTY IN RIGHT OF PROVINCE CLAIM OF**

\$ _____

E. PARTICULARS OF CLAIM:

Other than as already set out herein the particulars of the undersigned's total Claim are attached.

(Provide all particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor which has guaranteed the Claim, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by Scotsburn to the Creditor and estimated value of such security, and particulars of any interim period claim. If an affidavit is attached it must have been made by a person qualified to take affidavits.)

Date at _____ this _____ day of _____, 2017.

Witness

Creditor

Phone Number:

Fax Number:

E-mail Address:

**THIS PROOF OF CLAIM MAY BE SUBMITTED TO THE LIQUIDATOR BY PREPAID
ORDINARY MAIL, COURIER, PERSONAL DELIVERY OR ELECTRONIC TRANSMISSION
AT THE FOLLOWING ADDRESS:**

KPMG Inc. in its capacity as Liquidator of
Scotsburn Co-operative Services Limited
Bay Adelaide Centre
333 Bay Street, Suite 4600
Toronto, ON M5H 2S5

Attention: George Bourikas:
Phone: 1-844-499-8693
Email: scotsburn@kpmg.ca
Web: <http://www.kpmg.com/ca/scotsburn>