

DISPUTE NOTICE (CLAIMS PROCEDURE)

Claim Reference Number: _____

Name of Respondent against
which a Claim is asserted: _____

1. Particulars of Creditor:

Full Legal Name of Creditor (include trade name, if different):

(the "Creditor").

Full Mailing Address of the Creditor:

Other Contact Information of the Creditor:

Telephone Number: _____

Email Address: _____

Facsimile Number: _____

Attention (Contact Person): _____

2. Particulars of Original Creditor from whom you acquired the Claim, if applicable: _____

Have you acquired this Claim by assignment? If yes, if not already provided, attach documents evidencing assignment.

Yes: ☐

No: ☐

Full Legal Name of Original Creditor(s): _____

3. Dispute of Revision or Disallowance of Claim for Distribution Purposes:

The Creditor hereby disagrees with the value of its Claim as set out in the Notice of Revision or Disallowance and asserts a Claim as follows:

	Amount Allowed by Receiver		Amount claimed by Creditor
	_____		_____
Unsecured Claim	\$ _____	Unsecured Claim	\$ _____
Secured Claim	\$ _____	Secured Claim	\$ _____

REASON(S) FOR THE DISPUTE:

(You must include a list of reasons as to why you are disputing your Claim as set out in the Notice of Revision or Disallowance.) _____

SERVICE OF DISPUTE NOTICES

If you intend to dispute the Notice of Revision or Disallowance, you must **within twenty one (21) days of the date of receipt of the Notice of Revision or Disallowance** deliver to the Receiver this Dispute Notice either by prepaid registered mail, personal service, courier, or electronic mail to the following address. Dispute Notices shall be deemed to be received two business days from the date of mailing, upon actual receipt thereof by the Receiver during normal business hours on a Business Day, or, if delivered outside of normal business hours, on the next Business Day.

Alvarez & Marsal Canada Inc., the Court-appointed Receiver and Manager under Court of Queen's Bench
Action No. 1901-18029.

By Mail/Courier/Email:

Alvarez & Marsal Canada Inc.
Bow Valley Square 4
Suite 1110, 250 6th Ave SW
Calgary, AB T2P 3H7

Attention: Trevor Hilton
Email: thilton@alvarezandmarsal.com
Phone: (403) 538-7555

DATED this _____ day of _____, 2020.

Witness

Name of Creditor: _____

Per: _____

Name:
Title:
(please print)