

**PROOF OF CLAIM**

**Schick's Holdings Ltd.**

Please read the Instruction Letter before completing this Proof of Claim. Please print legibly.

**1. Particulars of Claimant:**

(a) Legal Name: \_\_\_\_\_

(b) Mailing Address of Claimant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Other Contact Information of Claimant:

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Facsimile Transmission: \_\_\_\_\_

Attention: (Contact Person): \_\_\_\_\_

**2. Proof of Claim:**

I, \_\_\_\_\_ [name of Claimant if individual, or Representative of the Claimant if a business], of \_\_\_\_\_ [name of business] do hereby certify:

(a) I am the Claimant or a representative of the Claimant holding the position of \_\_\_\_\_ [state position or title];

(b) That I have knowledge of all the circumstances connecting with the Claim(s) referred to below;

(c) Schick's Holdings Ltd. was at of \_\_\_\_\_ [date] and still is indebted to the Claimant as follows:

**TOTAL CLAIM: \$ \_\_\_\_\_ CAD**

**3. Particulars of Claim(s):**

The Liquidator recognizes three categories of Claims, namely, Trust Claims, Secured Claims and Unsecured Claims. If applicable to your Claim(s) you may file in any or all of these categories.

Please mark the box or boxes which apply to your Claim.

If you require additional space to complete your Claim, please attach an additional sheet.

Please be sure to supply adequate supporting documentation to evidence your Claim (i.e. *invoices, statements, delivery confirmation, including amounts, dates and description of the events, transactions, statutes or agreements or other legal basis giving rise to the Claim*)

**Trust Claim**

1. The amount claimed for delivery/provision of goods and/or services to, or at the request of Schick's Holdings Ltd. for a project or improvement.

\$ \_\_\_\_\_

2. Address of project or improvement to which or for whose benefit the goods and/or services where provided.

\_\_\_\_\_

3. Description of the goods and/or services provided.

\_\_\_\_\_

4. Date(s) of the delivery/provision of goods and/or services.

\_\_\_\_\_

**Trust Claim that does not relate to the provision of goods and/or services.**

Amount of Claim \$ \_\_\_\_\_

5. Description of contract, agreement or enabling legislation (provincial or federal) which constitutes a trust or deemed trust.

\_\_\_\_\_

**Secured Claim \$ \_\_\_\_\_**

6. I evaluate our security at \$ \_\_\_\_\_

**Note: (This will be the amount at which you value the secured claim. The difference between the secured claim amount and the value of your security, if any, will be added to the amount of your unsecured claim).**

**Unsecured Claim \$ \_\_\_\_\_**

7. Description of the goods and/or services provided.

\_\_\_\_\_

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Per: Signature