

**PROOF OF CLAIM**  
(see reverse for instructions)

IN THE MATTER OF THE BANKRUPTCY OF **FSP Holdings Inc. and FSP Holding Limited Partnership** (referred to in this form as “the debtor”)

and the claim of \_\_\_\_\_ (referred to in this form as “the creditor”)

All notices or correspondence regarding this claim to be forwarded to the creditor at the following address:

\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

I, \_\_\_\_\_ (name of person signing claim) residing in the \_\_\_\_\_ (city, town, etc.)  
of \_\_\_\_\_ (name of city, town, etc.) in the Province of \_\_\_\_\_

Do hereby certify that:

**If an officer of the company, state position or title**

1.  I am the creditor or  I am \_\_\_\_\_ of the creditor  
(state position or title)

2. I have knowledge of all the circumstances connected with the claim referred to in this form.

**The attached statement of account must specify the vouchers or other evidence in support of the claim**

3. The debtor was, at the date of bankruptcy, namely the **29<sup>th</sup> DAY OF JUNE, 2016** and still is, indebted to the creditor in the sum of \$ \_\_\_\_\_, **as specified in the statement of account attached hereto and marked Schedule “A”, after deducting any counterclaims to which the debtor is entitled.**

**Check and complete appropriate category. Other than as a customer contemplated by Section 262 of the Act**

4. A  **Unsecured claim** of \$ \_\_\_\_\_  
In respect to the said debt, I do not hold any assets of the debtor as security and

**Check appropriate description and attach a separate sheet to details to support priority claim**

- (i)  I do not claim a right to a priority or
- (ii)  I do claim a right to a priority under section 136 of the Bankruptcy and Insolvency Act (the “Act”).

**Give full particulars of the claim, including the calculations upon which the claim is based**

B  **Claim of landlord for disclaimer of a lease** of \$ \_\_\_\_\_  
That I hereby makes a claim under subsection 65.2(4) of the Act, particulars of which are as follows: \_\_\_\_\_

**Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents**

C  **Secured claim** of \$ \_\_\_\_\_  
In respect of the said debt, I hold assets of the debtor valued at \$ \_\_\_\_\_ as security, particulars of which are as follows: \_\_\_\_\_

**Attach a copy of sales agreement and delivery receipts**

D  **Claim by farmer, fisherman, or aquaculturist** of \$ \_\_\_\_\_  
That I hereby makes a claim under subsection 81.2(1) of the Act for the unpaid amount \$ \_\_\_\_\_

**Check and complete appropriate category**

E  **Claim by Wage Earner** of \$ \_\_\_\_\_

**Check appropriate description**

- (i)  That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$ \_\_\_\_\_
- (ii)  That I hereby make a claim under subsection 81.4(8) of the Act in the amount of \$ \_\_\_\_\_

**To be filed when a proposal provides for the compromise of claims against directors**

F  **Claim against Director** of \$ \_\_\_\_\_  
That I hereby makes a claim under subsection 50(13) of the Act, particulars of which are as follows: \_\_\_\_\_

**Give full particulars of the claim, including the calculations upon which the claim is based.**

G  **Claim of a Customer of a Bankrupt Securities Firm** of \$ \_\_\_\_\_  
That I hereby make a claim as a customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows: \_\_\_\_\_

**Strike out “is” or “is not”**

5. To the best of my knowledge, the creditor **is / is not** related to the debtor within the meaning of section 4 of the Act.

**Attach a separate schedule if necessary**

6. The following are the payments that the creditor has received from and the credits that the creditor has allowed to the debtor within the three months (**or, if the creditor and the debtor are related within the meaning of section 4 of the Act**, within the twelve months) immediately before the date of the initial bankruptcy event within the meaning of section 2 of the Act.  
\_\_\_\_\_

**Applicable only in the case of the bankruptcy of an individual**

- 7.  I request to be advised of any material change in the financial situation of the bankrupt.
- I request to be advised of any amendment made regarding the amount that the bankrupt is required to pay.
- I wish to receive a copy of the trustee’s report on the bankrupt’s application for discharge.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Must be signed and witnessed**

\_\_\_\_\_  
Witness (signature of individual completing this form)

**Notes:** All references to “the Act” refer to the Bankruptcy and Insolvency Act. If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.

If an affidavit or solemn declaration is attached, it must have been made before a person qualified to take affidavits or solemn declarations.

**Warning:** A trustee may, pursuant to subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the value of the security as assessed, in a proof of security, by the secured creditor. Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.

# GENERAL PROXY

(with power of substitution)

In the matter of the bankruptcy or proposal of the debtor, the creditor hereby appoints (with power of substitution)

\_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_

to be the creditor's general proxy in the above matter (excepting only as to the receipt of dividends).

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

\_\_\_\_\_  
Name of creditor (print)

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Signature

## Instructions for completing proof of claim forms

Every creditor who does not prove his claim is not entitled to share in any distribution. Claims not completed correctly in every respect will be returned.

In completing the attached form, your attention is directed to the marginal notes on the form and to the following requirements:

### Proof of Claim:

1. The form must be completed by an individual and not by a corporation. If you are acting for a corporation or other person, you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc.
2. The person signing the form must have knowledge of the circumstances connected with the claim.
3. The debtor's name and date of the bankruptcy must be filled in and a Statement of Account containing details of the claim must be attached and marked "A". The date at which claims are to be calculated and the correct name of the debtor may be found on the Notice sent to the creditor.
4. The nature of the claim must be indicated by ticking the type of claim which applies, e.g.-

Ticking A indicates the claim is unsecured and

Ticking A(i) indicates that the creditor is not claiming any priority or

Ticking A(ii) indicates the creditor is claiming preferred status under section 136 of the Act. Details to support the priority claim must be set out on an attached schedule.

Ticking B indicates a claim of landlord for disclaimer of a lease under subsection 65.2(4) of the Act. Details to support this claim must be set out on an attached schedule.

Ticking C indicates the claim is secured and the value at which the creditor assesses the security must be inserted. Details of each item of security held should be attached as a separate schedule and submitted with a copy of the chattel mortgage, conditional sales contract, security agreement, etc.

Ticking D indicates that the creditor is a farmer, fisherman or aquaculturist who supplied goods within 15 days prior to the date of receivership or bankruptcy and has not yet been paid for those goods.

Ticking E indicates that the creditor is a wage earner under subsection 81.3 or 81.4 of the Act. Details to support this claim must be set out on an attached schedule. Claims of a wage earner that arose greater than six months prior to the date of bankruptcy or the date a receiver was appointed (in accordance with ss 81.3(1) or 81.4(1)) rank as ordinary unsecured claims and the claimant should 4(A)(i) and not 4(E).

Ticking F indicates the claim is against a director under subsection 50(13) of the Act. It is applicable only in the case of a proposal which provides for the compromise of claims against directors. Details to support this claim must be set out on an attached schedule.

Ticking G indicates the claim is of a Customer of a Bankrupt Securities Firm, who is a customer for net equity as contemplated by section 262 of the Act. Details to support this claim must be set out on an attached schedule.

5. The person signing the form must indicate (by striking out "is" or "is not") whether the creditor and the debtor are related. Section 4 of the Act defines persons related to a debtor. If the creditor is related by blood or marriage to the debtor, the creditor should consider itself to be a related person. If the debtor is a corporation, a creditor would be related if it was a shareholder or if the creditor was controlled by the same shareholders as the debtor.
6. The person signing the form must provide full details of all payments and credits received from or allowed to the debtor during the period indicated. Leaving a blank will indicate that there were no such payments and credits.
7. In the case of the bankruptcy of an individual, tick one or more of the three boxes in No. 7 as appropriate.
8. The person signing the form must insert the place and date and the signature must be witnessed. If an affidavit is attached, it must have been made before a person qualified to take affidavits.

### General Proxy:

If it is desired to appoint a proxy, the proxy form must be completed and signed by the creditor; if the creditor is a corporation, the proxy form must be signed in the corporate name (not necessarily by the individual signing the proof of claim form) and the proxy must be witnessed.

**If there are any questions in completing the proof of claim, please write or telephone the office of the trustee**

Please write or telephone

**Ira Smith Trustee & Receiver Inc.**  
167 Applewood Cres., Suite # 6  
Concord, ON L4K 4K7

**Telephone: (905) 738-4167**  
**Fax: (905) 738-9848**