



I - COMPLETE THE FOLLOWING IN ALL CASES

Form I: COMPLETE THE FOLLOWING IN ALL CASES. Includes fields for Proceeding (Assignment, Referral, Bankruptcy order, Proposal), Estate Name, Occupation, Language, Ind. date of birth, Previous or current BIA proceeding?, Address, City, Province, Postal code, Home telephone no., Work telephone no., Consumer debts only?, Highest level of education completed by bankrupt/debtor, Joint Estate Name, and Highest level of education completed by joint bankrupt/debtor.

II - COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON

Form II: COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON. Includes fields for The debtor is the guarantor of (Business debts, Consumer debts, Other specify), Name of persons whose debts are guaranteed, Amount guaranteed, Name of business if business debts, and Is the person bankrupt? (Yes, No).

III - COMPLETE THE FOLLOWING IF THE DEBTOR WAS PREVIOUSLY OR IS PRESENTLY IN BUSINESS

Form III: COMPLETE THE FOLLOWING IF THE DEBTOR WAS PREVIOUSLY OR IS PRESENTLY IN BUSINESS. Includes fields for Trade name(s) if different from the estate name, Place of business, Nature of business, Corporation, partnership or sole proprietorship (specify), Names of the partners if a partnership, and During the past 12 months, what was the maximum number of employees that you employed? / How long have you been in operation under this current legal name?

IV - COMPLETE THE FOLLOWING IF THE DEBTOR IS A CORPORATION, INCLUDING AN INCOME TRUST

Form IV: COMPLETE THE FOLLOWING IF THE DEBTOR IS A CORPORATION, INCLUDING AN INCOME TRUST. Includes fields for Are the corporation's shares or units publicly traded?, Federal Charter?, Names of the Corporation's officers, Name of person to be examined, Title, Telephone No., Address, City, Province, Postal code, Language, and During the past 12 months, what was the maximum number of employees that you employed? / How long have you been in operation under this current legal name?

**V - TO BE COMPLETED WHEN FILING A CONSUMER PROPOSAL OR AMENDED CONSUMER PROPOSAL**

Terms of the Consumer Proposal: (choose one only of A, B, C or D)

|  |                          |                   |  |
|--|--------------------------|-------------------|--|
| <b>A)</b>                                    | (number) payments of \$  | for a total of \$ | <b>B)</b> A lump sum payment of \$   |
| <b>C)</b>                                    | A lump sum payment of \$ | +                 | (number) payments of \$ for a combined total of \$   |
| <b>D)</b> Other: please describe terms below |                          |                   | Anticipated Completion Date of Consumer Proposal:      D      M      Y<br>Amount outstanding on mortgage or hypothec on principal residence \$ |

**VI - TO BE COMPLETED AND SIGNED BY THE TRUSTEE IN ALL CASES**

|  |   |   |  |      |                        |  |
|--|---|---|--|------|------------------------|--|
| Creditor's Meeting Suggested Time and Place  | D | M | Y  | Time | Location               |  |
| Examination requested<br><input type="checkbox"/> Yes <input type="checkbox"/> No   Comments ▶   |   |   |  |      |                        |  |
| <b>TRUSTEE APPOINTMENT</b><br>Name & Licence number of the Trustee or, if a Corporate Trustee, the name & licence number of the person responsible for the administration of the estate. |   |   |  |      |                        | Licence number   |
| A possible conflict of interest situation exists <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, explain ▶  |   |   |  |      |                        | Post bankruptcy tax refund assigned to trustee           |
| Indemnification: <input type="checkbox"/> N/A <input type="checkbox"/> Deposit <input type="checkbox"/> Guarantee<br>Name of depositor or guarantor                                      |   |   |  |      |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Amount or extent of indemnity ▶  |   |   | <input type="checkbox"/> Trustee absent when file submitted<br>Amended summary to follow |      | Signature of Trustee ▶ |  |

**VII - OFFICIAL RECEIVER USE ONLY**

*NOTE: QUOTE THIS NUMBER IN ALL FUTURE CORRESPONDENCE*

|   |  |  |            |      |   |   |
|---|--|--|------------|------|---|---|
| No. ▶   | Administration<br><input type="checkbox"/> Summary <input type="checkbox"/> Ordinary | Date of filing   | D          | M    | Y   | Type  |
| Industry   District   Division                                | Licence No. of appointed Trustee   |  | Resp. O.R. |      |   |   |
| Court No.   |  | <input type="checkbox"/> As above <input type="checkbox"/> Other ▶ |            |      |   |   |
| Assets  | Liabilities  | Security   |            |      |   |   |
| Creditor's Meeting  |  | Date   |            | Time |   | Location  |
| <input type="checkbox"/> As above <input type="checkbox"/> Or |  | D   M   Y  |            |      |   | Chairperson<br><input type="checkbox"/> O.R. <input type="checkbox"/> Trustee |
| Debtor Examination  |  | Date   |            | Time |   | Location  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No      |  | D   M   Y  |            |      |   |   |
| Official Receiver Comments                                    |  |  |            |      | Note to file<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C   Data Processing Initials |   |
|   |  |  |            |      | Official Receiver's Initials   Document Production Initials   |   |