

PROOF OF CUSTOMER DEPOSIT CLAIM

Please read the enclosed Instruction Letter carefully prior to completing this Proof of Claim.

A. – Particulars of Claimant

1. Full Legal Name of Claimant _____ (the "Creditor")
(Full legal name should be the name of the original Creditor regardless of whether an assignment of a Claim has been made, or a portion thereof, has occurred prior to or following the date of the Appointment Order.)

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

3. Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Attention (Contact Person): _____

4. Has the Claim been sold or assigned by the Creditor to another party?

Yes:

No:

B. – Particulars of Assignee(s) (If any):

5. Full Legal Name of Assignee(s): _____
(If a portion of the Claim has been assigned, insert full legal name of assignee(s) of the Claim. If there is more than one assignee, please attach a separate sheet with the required information.)

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

7. Telephone Number of Assignee(s): _____

8. Facsimile Number of Assignee(s): _____

9. E-mail Address: _____

10. Attention (Contact Person): _____

C. – Proof of Claim:

I, _____ name of Claimant or Representative of Claimant, of _____ (City, Province or State) do hereby certify:

that I [*check one*]

am the Creditor of one or more of the Companies; OR

am _____ (*state position or title*) of _____ (*name of Creditor*)

- (a) that I have knowledge of all the circumstances connected with the Claim referred to below;
- (b) The Companies were and still are indebted to the Creditor as follows:
 - (i) TOTAL CLAIM:

\$ _____ CDN\$ USD (check as applicable)

Note: Customer Deposit Claims should be stated in the currency in which the deposit to which Peopledge HR Services Inc. was made and was to be held and disbursed by Peopledge HR Services Inc.

D. – Particulars of Customer Deposit Claims:

(If multiple deposits are claimed, provide details for each deposit on a separate sheet and provide all supporting details and documentation)

Payroll Deposit Date: _____

Deposit Amount: \$ _____, comprised of:

- (i) employee payroll: \$ _____ processed unprocessed
- (ii) employee withholdings: \$ _____ remitted unremitted
- (iii) Peopledge processing fee: \$ _____

E. – Filing of Claims:

This Proof of Customer Deposit Claim must be received by the Receiver by no later than 5:00 p.m. (Eastern Standard Time) on January 18, 2013 (the “Claims Bar Date”).

Failure to file your Proof of Customer Deposit Claim as directed by the Claims Bar Date will result in your Customer Deposit Claim being barred and you will be prohibited from making or enforcing a Customer Deposit Claim against the Companies.

This Proof of Customer Deposit Claim must be delivered by facsimile transmission, personal delivery, courier, electronic mail or prepaid mail at the following address:

BDO Canada Limited
1 City Centre Drive
Suite 1040
Mississauga, Ontario
Canada L5B 1M2

Attention: Peter Naumis
Fax: (905) 615-1333
Email: pnaumis@bdo.ca

Dated at _____ this _____ day of _____, 20____.

Per: _____ *[Name of Claimant]*