

## SCHEDULE C

### CLAIM STATEMENT – READ WITH ACCOMPANYING PARTICULARS OF CLAIM

The Receiver encourages all Claimants to use the online Claims Portal at <https://contested-funds-claims-portal.bdo.ca/> to submit the information contained in this form instead of the paper version. This form should only be completed and returned by mail if you are unable to access the online Claims Portal.

Please read the enclosed **Claim Statement – Instruction Letter** carefully prior to completing this Claim Statement.

#### **Claimant Unique ID: IDENTIFIED IN PARTICULARS OF CLAIM STATEMENT**

#### **EACH AND EVERY CLAIMANT MUST SEPARATELY ACKNOWLEDGE THEIR INTEREST FOR EACH CLAIM.**

You **must** complete Section 1 or Section 2, but not both. Everyone must complete Section 3. **If Section 3 is not completed, this form will be disregarded for the purposes of distribution.** Once completed, return a copy of this document, together with any required supporting documentation, by ordinary mail, courier, personal delivery or electronic or digital transmission. Any such submission must be **received** by the Receiver by 5:00 p.m. (Toronto time) on Thursday February 2, 2023 (the “**Claims Bar Date**”) at the following address:

BDO Canada Limited,  
in its capacity as Receiver of the Contested Funds  
held by the Applicants pertaining to Sunrise Technology

Email: [bdosunriseclaims@bdo.ca](mailto:bdosunriseclaims@bdo.ca)

If you do not return this form or complete the online Claims Portal by the Claims Bar Date, you will be barred from making any claim for a distribution in this proceeding.

**Please type your response or print legibly.**

Contact Information for Claimant Submitting Acknowledgement Form	Adjusted Contact Information for Claimant Submitting Acknowledgement Form (where applicable)	
Claimant Mailing Address		
Claimant Email Address		
Claimant Phone Number		

**\*Please correct any errors in the information above in the boxes provided. If more substantial changes are required (i.e. your name has legally changed from that noted above), please complete the Request for Amendment form provided.**

**PARTICULARS OF YOUR CLAIM:**

<b>Transaction Details</b>	
Sender E-mail Address	
Sender Name	
Transaction Date	Transaction Amount
Date	\$
Date	\$
Date	\$
Net Claim Amount	\$

**SECTION ONE**

**ACKNOWLEDGEMENT**

If you agree with all of the information set out above in the **PARTICULARS OF YOUR CLAIM** section, you must acknowledge same by checking the boxes and signing below. If, however, you disagree with this information in any respect, then you must complete Section Two, the Request for Amendment.

I hereby confirm that the above information is true and correct in every respect.

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

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

Print Name: \_\_\_\_\_

## SECTION TWO - REQUEST FOR AMENDMENT

I, [name of Claimant], do hereby request that the information provided in this Acknowledgement Form be amended as follows.

WE DO NOT REQUIRE YOU TO COMPLETE FIELDS FOR WHICH THERE IS NO DISPUTE.

PLEASE INDICATE ONLY THE SPECIFIC AMENDMENTS REQUESTED AND PROVIDE SUPPORTING DOCUMENTATION FOR THOSE REQUESTED AMENDMENTS.

<b>Possible Reasons for Requested Amendments</b>
Claimant Name Change- Marriage/Divorce/Deceased Claimant/Transfer of Ownership Interest/Other
Incorrect Financial Institution Name
Incorrect Transaction ID
Incorrect Date
Incorrect Transaction Amount
Incorrect or Changed E-mail Address
Other

**\*In the below table(s) please specify the amendment requested and the reason for such amendment. Supporting documentation is also required to illustrate the need for any amendment. For example, if your name has legally changed, government issued proof to substantiate such change is required to be sent together with this completed form.**

<b>Transaction Information</b>	<b>Amended Information (where applicable)</b>	<b>Reason for Requested Amendment (where applicable)</b>
<b>Claimant</b>		
<b>Transaction Date</b>		
<b>Transaction ID</b>		
<b>E-mail Address</b>		
<b>Transaction Amount</b>		
<b>Other</b>		

**REQUEST FOR AMENDMENT (CONTINUED)**

Transaction Information		Amended Information (where applicable)	Reason for Requested Amendment (where applicable)
Claimant			
Transaction Date			
Transaction ID			
E-mail Address			
Transaction Amount			
Other			

Transaction Information		Amended Information (where applicable)	Reason for Requested Amendment (where applicable)
Claimant			
Transaction Date			
Transaction ID			
E-mail Address			
Transaction Amount			
Other			

Transaction Information		Amended Information (where applicable)	Reason for Requested Amendment (where applicable)
Claimant			
Transaction Date			
Transaction ID			
E-mail Address			
Transaction Amount			
Other			

I hereby confirm that the above information is true and correct in every respect.

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

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

Print Name: \_\_\_\_\_

**SECTION THREE**

**DECLARATION OF RESIDENCY:**

**Everyone must complete this section.**

**If Section 3 is not completed, this form will be disregarded for the purposes of distribution.**

Please check the box that applies.

I am a tax resident of Canada.

I am a tax resident of a jurisdiction other than Canada.

I certify that the above information is true.

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

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

Print Name: \_\_\_\_\_