ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE BANK OF NOVA SCOTIA

Applicant

- and -

MORGROVE HOLSTEINS LTD.

Respondent

CLAIMS NOTICE

Please read carefully the Instruction Letter for completing this Claim Notice
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) Morgrove Holsteins Ltd. was as of _____ and still is indebted to the Claimant as follows:

TOTAL CLAIM: $_____CAD

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

The Receiver 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.

Provide all particulars of the claims and supporting documentation, invoices, statements, delivery, confirmation including amounts, dates and description of the events, transactions, statutes or* agreements *or other legal basis giving rise to the Claims.

☐ **Trust Claim**

1. The amount claimed for delivery/provision of goods and/or services to, or at the request of Morgrove Holsteins 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 Claims that do not relate to the provision of goods and/or services.**

Amount of Claim $_____

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

_____

☐ **Secured Claim** $_____ dollars on a secured basis

1. I evaluate our security at $_____

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

☐ **Unsecured Claim** – other than a Trust Claim or Secured Claim.

Amount of Claim $_____

2. **Filing of Claims**

This Claims Notice must be received by the Receiver no later than 5:00 p.m. (Eastern Standard Time) on October 13, 2026 by either prepaid registered mail, personal delivery, courier, facsimile transmission or electronic mail to the following address:

BDO Canada Limited
Receiver of Morgrove Holsteins Ltd.
20 Wellington St. E. Suite 500
Toronto, Ontario, M5E 1C5
Attention: Tony Montesano
Tel: (416) 775 7821
E-Mail: morgroveclaimsprocess@bdo.ca

Failure to file a Claim and any required documentation by 5:00 p.m. (Eastern Standard Time) on October 13, 2026 will result in such Claim being barred and you will be prohibited from making or enforcing any Claim against Morgrove Holsteins Ltd. or any person who owes monies to Morgrove Holsteins Ltd. in

respect of which the Claimant claims as a beneficiary of a true, actual or deemed or pursuant to a contact or agreement with Morgrove Holsteins Ltd. or pursuant to statute, federal or provincial.

DATED the day of , 2026

_____
Creditor's Name

_____
Per: Signature