

DISPUTE NOTICE

(Claims Process)

Claim Reference Number:

Particulars of Claimant:

Full Legal Name of Claimant (include trade name, if different):

_____ (the "Claimant").

Full Mailing Address of the Claimant:

Other Contact Information of the Claimant:

Telephone Number: _____

E-mail Address: _____

Attention (Contact Person): _____

2. Particulars of original Claimant from whom you acquired the Claim, if applicable:

Have you acquired this Claim by assignment? If yes, if not already provided, attach documents evidencing assignment.

Yes: ☐

No: ☐

Full Legal Name of original Claimant(s): _____

3. Dispute of Revision or Disallowance of Claim :

The Claimant hereby disagrees with the value or priority of its Claim as set out in the Notice of Revision or Disallowance and asserts a Claim as follows:

	Amount Per Referee	Amount Claimed by Claimant
Unsecured Claim	_____	_____
Secured Claim	_____	_____

REASON(S) FOR THE DISPUTE (*You must include a list of reasons as to why you are disputing your Claim as set out in the Notice of Revision or Disallowance.*):

SERVICE OF DISPUTE NOTICES

If you intend to dispute the Notice of Revision or Disallowance, you must **within fifteen (15) days of the date of receipt of the Notice of Revision or Disallowance** deliver to the Referee this Dispute Notice either by prepaid registered mail, courier, or electronic mail to the following address. Dispute Notices shall be deemed to be received in accordance with the timelines set out in the Claims Process.

TO THE REFEREE

ALVAREZ & MARSAL CANADA INC.
Bow Valley Square IV
Suite 1110, 250 6th Avenue SW
Calgary, AB T2P 3H7
Attention: Duncan MacRae
E-mail: dmacrae@alvarezandmarsal.com

Dated at _____ (city), _____ (province), this _____
day of _____, 20_____.

Witness

Claimant