

**IN THE MATTER OF THE *COMPANIES' CREDITORS*  
*ARRANGEMENT ACT*, R.S.C. 1985, c. C-36, AS AMENDED**

**AND IN THE MATTER OF A PLAN OF COMPROMISE OR  
ARRANGEMENT OF 1000156489 ONTARIO INC.**

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**PROOF OF CLAIM**

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Please read carefully the enclosed Instruction Letter for completing this Proof of Claim. All capitalized terms not defined herein have the meanings ascribed to them in the Claims Procedure Order dated June 20, 2023 in the proceedings of 1000156489 Ontario Inc. (f/k/a DCL Corporation) (the “**Company**”) under the *Companies' Creditors Arrangement Act*.

**I. PARTICULARS OF CLAIMANT:**

1. Full Legal Name of Claimant:

\_\_\_\_\_ (the “**Claimant**”)

2. Full Mailing Address of the Claimant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number:

\_\_\_\_\_

4. E-Mail Address:

\_\_\_\_\_

5. Facsimile Number:

\_\_\_\_\_

6. Attention (Contact Person):

\_\_\_\_\_

7. Have you acquired this Claim by assignment?

Yes: ☐ No: ☐ (if yes, attach documents evidencing assignment)

If Yes, Full Legal Name of Original Claimant(s):

**II. PROOF OF CLAIM:**

1. I, \_\_\_\_\_  
(name of Claimant if Claimant is an individual or Representative of the Claimant if Claimant is not an individual), of

\_\_\_\_\_ do hereby certify:  
(city and province)

(a) that I [check (✓) one]

☐ am the Claimant; OR

☐ am \_\_\_\_\_ (state position or title) of

\_\_\_\_\_  
(name of Claimant)

(b) that I have knowledge of all the circumstances connected with the Claim referred to below;

(c) that complete documentation in support of the Claim referred to below is attached; and

(d) that the Company and/or one or more of the Directors or Officers of the Company were and still are indebted to the Claimant as follows:<sup>1</sup>

	Prefiling Claim Amount	Whether Claim is Secured or Unsecured	Value of Security Held, if any
1000156489 Ontario Inc. (f/k/a DCL Corporation)			

	Restructuring Period Claim Amount	Whether Claim is Secured or Unsecured	Value of Security Held, if any
1000156489 Ontario Inc. (f/k/a DCL Corporation)			

<sup>1</sup> Claims in a foreign currency are to be converted to Canadian Dollars at the Bank of Canada daily average exchange rate in effect on the Filing Date of December 20, 2022.

	Director/Officer Claim Amount	Whether Claim is Secured or Unsecured	Value of Security Held, if any
Directors and Officers of 1000156489 Ontario Inc. (f/k/a DCL Corporation)  [insert names]			

### III. PARTICULARS OF CLAIM

The particulars of the undersigned's total Claim (including Prefiling Claims, Restructuring Period Claims and Director/Officer Claims) are attached.

*(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) or legal breach(es) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, particulars and copies of any security and amount of Claim allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed. If a Claim is made against any Directors or Officers, specify the applicable Directors or Officers and the legal basis for the Claim against each of them.)*

### IV. FILING OF CLAIM

For Prefiling Claims and Director/Officer Claims, this Proof of Claim **MUST** be actually received by the Monitor **before 5:00 p.m. (Eastern Standard Time) on August 18, 2023** (the “**Claims Bar Date**”).

For **Restructuring Period Claims**, this Proof of Claim **MUST** be actually received by the Monitor **before the later of: (i) the Claims Bar Date and (ii) 5:00 p.m. (Eastern Standard Time) on the date that is thirty (30) Calendar Days after the date on which the Monitor sends a Claims Package with respect to a Restructuring Period Claim** (the “**Restructuring Period Claims Bar Date**”).

In either case, completed forms must be delivered by prepaid ordinary mail, registered mail, courier, personal delivery or email addressed:

Alvarez & Marsal Canada Inc. as Monitor of 1000156489 Ontario  
Inc. (f/k/a DCL Corporation)  
200 Bay St., Suite 2900, P.O. Box 22  
Royal Bank Plaza, South Tower  
Toronto, Ontario M5J 2J1

Phone: 1-844-692-6255

E-mail: [DCLCanada@alvarezandmarsal.com](mailto:DCLCanada@alvarezandmarsal.com)

**FAILURE TO FILE YOUR PROOF OF CLAIM SUCH THAT IT IS ACTUALLY RECEIVED BY THE MONITOR BY THE CLAIMS BAR DATE OR RESTRUCTURING PERIOD CLAIMS BAR DATE, AS APPLICABLE, WILL RESULT IN YOUR CLAIM BEING EXTINGUISHED AND FOREVER BARRED AND IN YOU BEING PREVENTED FROM MAKING OR ENFORCING A CLAIM AGAINST THE COMPANY OR ANY OF ITS PRESENT OR FORMER DIRECTORS AND OFFICERS.**

**DATED** at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Signature of Claimant