

**PROOF OF CLAIM FORM FOR CLAIMS AGAINST
THE EXPRESS CANADA ENTITIES¹**

1. Name of Express Canada Entity or Entities (the “Debtor”)

Debtor: _____

2A. Original Claimant (the “Claimant”)

Legal Name of Claimant:	_____	Name of Contact	_____
Address	_____	Title	_____
_____	_____	Phone #	_____
_____	_____	Fax #	_____
City _____	Prov /State _____	Email	_____
Postal/Zip Code	_____		

2B. Assignee, if claim has been assigned

Legal Name of Assignee:	_____	Name of Contact	_____
Address	_____	Title	_____
_____	_____	Phone #	_____
_____	_____	Fax #	_____
City _____	Prov /State _____	Email	_____
Postal/Zip Code	_____		

¹ Express Fashion Apparel Canada Inc., Express Canada GC GP, Inc., and Express Canada GC LP (collectively, the “Express Canada Entities”).

3. Amount of Claim

The Debtor was and still is indebted to the Claimant as follows:

Currency	Amount of Claim (including interest up to and including May 3, 2017)	Unsecured Claim	Secured Claim
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Documentation

Provide all particulars of the Claim and all available supporting documentation, including amount, and description of transaction(s) or agreement(s), or legal breach(es) giving rise to the Claim, including any claims assignment/transfer agreement or similar document, if applicable, and amount of invoices, particulars of all credits, discounts, etc., claimed, description of the security, if any, granted by the affected Debtor to the Claimant and estimated value of such security.

5. Certification	
I hereby certify that:	
<ol style="list-style-type: none"> 1. I am the Claimant or an authorized representative of the Claimant. 2. I have knowledge of all the circumstances connected with this Claim. 3. The Claimant asserts this Claim against the Debtor as set out above. 4. All available documentation in support of this Claim is attached. 	
Signature: _____ Name: _____ Title: _____	Witness: _____ (signature) _____ (print)
Dated at _____ this _____ day of _____, 2017.	

6. Filing of Claim

This Proof of Claim must be received by the Monitor on or before 5:00 p.m. (Toronto time) on July 28, 2017 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:

**Alvarez & Marsal Canada Inc., Express Canada Monitor
Royal Bank Plaza, South Tower
200 Bay Street, Suite 2900, P.O. Box 22
Toronto, ON Canada M5J 2J1**

Email: monitor.expresscanada@alvarezandmarsal.com

Fax No.: 416-847-5201

Attention: Josh Nevsky

For more information see www.alvarezandmarsal.com/expresscanada, or contact the Monitor by telephone at 1-844-692-6255.