

District of \_\_\_\_\_  
Division No. \_\_\_\_\_  
Court No. \_\_\_\_\_  
Estate No. \_\_\_\_\_

**Form 31  
PROOF OF CLAIM**

(Sections 50.1, 81.5, 81.6 Subsections 65.2(4), 81.2(1), 81.3(8), 81.4(8), 102(2), 124(2), 128 (1)  
and Paragraphs 51(1)(e) and 66.14(b) of the Act)

In the matter of the bankruptcy of \_\_\_\_\_

**SUMMARY ADMINISTRATION**

All notices or correspondence regarding this claim must be forwarded to the following address:

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

In the matter of the bankruptcy of \_\_\_\_\_ of the City of \_\_\_\_\_ in the Province of \_\_\_\_\_  
and the claim of \_\_\_\_\_, creditor.

I, \_\_\_\_\_ (Name of creditor or Representative of the Creditor), of the city of \_\_\_\_\_  
in the Province of \_\_\_\_\_, do hereby certify.

1. That I am a creditor of the above named debtor (or I am \_\_\_\_\_ (Positive/Title) of \_\_\_\_\_, creditor.)

2. The I have knowledge of all the circumstances connected with the claim referred to below.

3. That the debtor was at the date of bankruptcy, namely the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and still is, indebted to the creditor in the sum of \$ \_\_\_\_\_, as specified in the statement of account (affidavit) attached and marked Schedule "A", after deducting any counter claims to which the debtor is entitled. (The attached statement of account of affidavit must specify the vouchers or other evidence in support of the claim.)

4. (Check and complete appropriate category).

**A. UNSECURED CLAIM OF \$**

*(Other than as a customer contemplated by Section 262 of the Act)*

*That in respect of this debt, I do not hold any assets of the debtor as security and (Check appropriate description.)*

Regarding the amount of \$ \_\_\_\_\_, I claim a right to a priority under section 136 of the Act.

Regarding the amount of \$ \_\_\_\_\_, I do not claim a right to a priority.  
*(Set out on an attached sheet details to support priority claim.)*

**B. CLAIM OF LESSOR FOR DISCLAIMER OF THE LEASE \$**

That I hereby make a claim under Subsection 65.2 (4) of the Act, particulars of which are as follows:

*(Give full particulars of the claim, including the calculations upon which the claim is based.)*

**Form 31 Concluded**

E. CLAIM OF \$ \_\_\_\_\_

That I hereby make a claim under Subsection 81.3(8) of the Act in the amount of \$ \_\_\_\_\_

That I hereby make a claim under Subsection 81.4(8) of the Act in the amount of \$ \_\_\_\_\_

F. CLAIM BY EMPLOYEE FOR UNPAID AMOUNT REGARDING PENSION PLAN OF \$ \_\_\_\_\_

That I hereby make a claim under Subsection 81.5 of the Act in the amount of \$ \_\_\_\_\_

That I hereby make a claim under Subsection 81.6 of the Act in the amount of \$ \_\_\_\_\_

G. CLAIM AGAINST DIRECTION \$ \_\_\_\_\_

*(To be completed when a proposal provides for the compromise of claims against directors.)*

That I hereby make a claim under Subsection 50(13) of the Act, particulars of which are as follows:  
*(Give full particulars of the claim, including the calculations upon which the claim is based.)*

H. CLAIM OF A CUSTOMER OF A BANKRUPT SECURITIES FIRM \$ \_\_\_\_\_

That I hereby make a claim as customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows: *(Give full particulars of the claim, including the calculations upon which the claim is based.)*

5. That, to the best of my knowledge, I \_\_\_\_\_ (am/am not)(or the above-named creditor \_\_\_\_\_ (is/is not) related to the debtor within the meaning of Section 4 of the, and \_\_\_\_\_ (have/has/have not/has not) dealt with the debtor in a non-arm's length manner.

6. That the following are the payments that I have received from, and the credits that I have allowed to, and the transfer at undervalue within the meaning of Subsection 2(1) of the Act that I have been privy to or a party with the debtor within the three months (or, if the creditor and the debtor are related within the meaning of Section 4 of the Act were not dealing with each other at arm's length, within the 12 months) immediately before the date of the initial bankruptcy event with the meaning of Section 2 of the Act:

*(Provide details of payments, credits and transfers at undervalue.)*

7. (Applicable only in the case of the bankruptcy of an individual.)

Whenever the trustee reviews the financial situation of a bankrupt to redetermine whether or not the bankrupt is required to make payments under Section 68 of the Act, I request to be informed, pursuant to paragraph 68(4) of the Act, of the new fixed amount or of the fact that there is no longer surplus income.

I request that a copy of the report filed by the trustee regarding the bankrupt's application for discharge pursuant to Subsection 170(1) of the Act be sent to the above address.

Date at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Creditor

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE:** If an affidavit attached, it must have been made before a person qualified to take affidavits.

**WARNINGS:** A trustee may, pursuant to Subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the value of the security as assessed, in a proof of security, by the secured creditor.

Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.

## INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORMS

Every creditor who does not prove his claim is not entitled to share in any distribution. Claim forms not completed correctly in every respect do not constitute a proved claim and will be returned.

In completing the form, your attention is directed to the following requirements:

### PROOF OF CLAIM

1. The declaration must be completed by an individual and not by a corporation. If you are acting for a corporation or other person you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc.
2. You must have knowledge of the circumstances connected with the claim.
3. The debtor's name and date of the bankruptcy must be filled in and a Statement of Account containing details of the claim must be attached and marked "A". The date of bankruptcy and the correct name of the bankrupt may be found on the Notice to Request a First Meeting of Creditors.
4. The nature of your claim must be indicated by ticking the type of claim which applies.  
e.g.  
**Ticking (A)** indicates your claim is unsecured; either with or without priority;  
**Ticking (B)** indicates your claim is by a Lessor for Disclaimer of Lease, and providing full details of disclaimer;  
**Ticking (C)** indicates your claim is secured and you must insert the value at which you assess your security. Give full particulars of the security, including the date on which the security was given and attach a copy of the security documents.  
**Ticking (D)** indicates you are making a claim under Subsection 81.2(1) of the Act for unpaid amount. Attach a copy of sales agreement and delivery documents.  
**Ticking (E)** indicates you were an Employee of the Debtor and owed wages;  
**Ticking (F)** indicates you were an Employee of the Debtor and owed for unpaid amounting regarding Pension Plan;  
**Ticking (G)** indicates you are making a claim under Subsection 50(13) of the Act which can be made when a proposal is made in respect of a corporation and the proposal includes a term for the compromise of claims against directors of the corporation.
5. You must indicate (by striking out "are" or "are not") whether the creditor and the debtor are related. Section 4 (formerly Section 2B) of the **Bankruptcy and Insolvency Act** defines persons related to bankrupt. If you are related by blood or marriage to the bankrupt, then you should consider yourself to be a related person. If the bankrupt is a corporation, you would be considered to be related to it, if you were a shareholder or if your company was controlled by the same shareholders as the bankrupt corporation.
6. You must provide full details of all payments and credits received from or allowed to the debtor during the period indicated. If none, so state.
7. You must date and sign the proof of claim form and have your signature witnessed.

**IF YOU HAVE ANY QUESTIONS IN COMPLETING YOUR PROOF OF CLAIM,  
PLEASE WRITE OR TELEPHONE THE OFFICE OF THE TRUSTEE.**

**Adamson  Associates**

LICENSED INSOLVENCY TRUSTEE

Adamson & Associates Inc  
142 Centre Street  
St. Thomas ON N5R 3A3  
Phone: (519)633-8185 Fax: (519)633-0912  
mail@adamsonassoc.com