## **RICHTER**

## THIS INFORMATION SHEET IS SUPPLIED IN ORDER TO ASSIST YOU IN COMPLETING THE PROOF OF CLAIM FORM

	The proof of claim must be signed by the individual completing the form.			
	The signature of the claimant must be witnessed.			
	Give the complete address (including postal code) where all notices and correspondence are to be forwarded.			
	The amo	ount on the statement of account must agree with the amount claimed on the proof of claim.		
PARAG	RAPH 1	OF THE PROOF OF CLAIM		
	If the ind	ividual completing the proof of claim is not the creditor himself, he must state his position or title.		
	The creditor must state the full and complete legal name of the Company or the claimant.			
PARAG	RAPH 3 (	OF THE PROOF OF CLAIM		
	A detailed statement of account must be attached to the proof of claim and must show the date, the invoice number and the dollar amount of all the invoices or charges, together with the date, the number and the amount of all credits of payments. A statement of account is not complete if it begins with an amount brought forward. In addition, a creditor must indicate his/her address, phone number, fax number and E-mail address.			
PARAG	RAPH 4 (	OF THE PROOF OF CLAIM		
		unsecured creditor (subparagraph (A)) must check and state whether or not a priority rank is claimed under Section 6 of the Bankruptcy and Insolvency Act.		
	A claim of landlord (subparagraph (B)) for disclaim of lease must be completed with full particulars and calculations.			
	A secured creditor must complete subparagraph (C) and attach a copy of the security documents.			
	A farmer, fisherman or aquaculturist must complete subparagraph (D).			
	A wage earner must complete subparagraph (E), if applicable.			
	Section I	Section F must be completed with regard to a pension plan.		
	A claim against director(s) (subparagraph (G)), in a proposal which compromises a creditor's claim, must contain full particulars and calculations.			
	A customer of a bankrupt securities firm must complete subparagraph (H).			
PARAG	RAPH 5 (	OF THE PROOF OF CLAIM		
	The claimant must indicate whether he/she <b>is</b> or <b>is not related</b> to the debtor, as defined in the Bankruptcy and Insolvency Act, by striking out that which is not applicable.			
PARAG	RAPH 6 (	OF THE PROOF OF CLAIM		
	The clair	nant must attach a detailed list of all payments received and/or credits granted, as follows:		
	a)	within the <b>three months</b> preceding the initial bankruptcy event, in the case where the claimant and the debtor are <b>not related</b> :		
	b)	within the <b>twelve months</b> preceding the initial bankruptcy event, in the case where the claimant and the debtor are <b>related</b> .		
PROXY				
	a) b) c) d)	A creditor may vote either in person or by proxy; A debtor may not be appointed as proxy to vote at any meeting of the creditors; The Trustee may be appointed as a proxy for any creditor; In order for a duly authorized person to have a right to vote he must himself be a creditor or be the holder of a properly executed proxy. The name of the creditor must appear in the proxy.		

T. 1.866.736.7587 F. 514.908.3792 HMV@richter.ca

Richter Advisory Group Inc. 181 Bay Street, Suite 3320 Bay Wellington Tower Toronto, ON M5J 2T3 www.richter.ca



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## **PROOF OF CLAIM**

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

All	notic	es o	r correspondence regarding this claim must be forwarded to the following address:	
	_			<u> </u>
In th	ne M	latte	r of the Receivership of <b>HMV Canada Inc.</b> of the City of Etobicoke, Province of Ontario, and the claim of , crec	ditor
I,			(name of creditor or representative of	,,,,,,
the	crec	litor	, of (city and province), do hereby certify:	
			m a creditor of the above-named debtor (or that I am (state position or (state position or (name of creditor or representative of the creditor).	r
2.	Tha	at I h	ave knowledge of all of the circumstances connected with the claim referred to below.	
sun afte	n of s	\$ duc	e debtor was, at the date of the Receivership, namely January 27, 2017, and still is, indebted to the creditor in, as specified in the statement of account (or affidavit) attached and marked Schedule ing any counterclaims to which the debtor is entitled. (The attached statement of account or affidavit must spess or other evidence in support of the claim.)	"A'
4.	Che	eck	and complete appropriate category	
		A.	JNSECURED CLAIM OF \$	
		(0	her than as a customer contemplated by Section 262 of the Act)	
		Th	at in respect of this debt, I do not hold any assets of the debtor as security and	
		(C	neck appropriate description)	
			Regarding the amount of \$, I do not claim a right to a priority.  ("Ordinary Creditor")	
			Regarding the amount of \$, I claim a right to a priority under section 136 of the Act. ("Preferred Creditor")	
			(Set out on an attached sheet details to support priority claim)	
		В.	CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE \$	
		Th (G	at I hereby make a claim under subsection 65.2(4) of the Act, particulars of which are as follows: ve full particulars of the claim, including the calculations upon which the claim is based)	
		C.	SECURED CLAIM OF \$	
		are (G	at in respect of this debt, I hold assets of the debtor valued at \$ as security, particulars of which as follows:  ve full particulars of the security, including the date on which the security was given and the value at which you sees the security, and attach a copy of the security documents.)	ch
		D.	CLAIM BY FARMER, FISHERMAN OR AQUACULTURIST OF \$	
			at I hereby make a claim under subsection 81.2(1) of the Act for the unpaid amount of \$	

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E

FORM 31 (Continued)

	E. CLAIN BY WAGE EARNER OF \$	
	-	ubsection 81.3(8) of the Act in the amount of \$
	☐ That I hereby make a claim under	ubsection 81.4(8) of the Act in the amount of \$
	F. CLAIM BY EMPLOYEE FOR UNP	ID AMOUNT REGARDING PENSION PLAN OF \$
		ubsection 81.5 of the Act in the amount of \$
	☐ That I hereby make a claim under	ubsection 81.6 of the Act in the amount of \$
	G. CLAIM AGAINST DIRECTOR \$_ (To be completed when a proposal p	ovides for the compromise of claims against directors.)
		section 50(13) of the Act, particulars of which are as follows: ding the calculations upon which the claim is based.)
	H. CLAIM OF A CUSTOMER OF A E That I hereby make a claim as a cust particulars of which are as follows:	NKRUPT SECURITIES FIRM \$ mer for net equity as contemplated by section 262 of the Act,
	(Give full particulars of the claim, incl	ding the calculations upon which the claim is based.)
	aning of section 4 of the Act, and have	or the above-named creditor is) (or am not or is not) related to the debtor within $e$ (or has) (or have not or has not) dealt with the debtor in a non-arm's-length
underv three n each o	alue within the meaning of subsection nonths (or, if the creditor and the debto ther at arm's length, within the 12 month	I have received from, the credits that I have allowed to, and the transfers at $P(1)$ of the Act that I have been privy to or a party to with the debtor within the rare related within the meaning of section 4 of the Act or were not dealing with a simmediately before the date of the initial bankruptcy event within the meaning payments, credits and transfers at undervalue)
Dated a	at,	nis day of
0:	f lit	
•	re of creditor	Signature of witness
-	one number: address:	Fax number:
NOTE: I WARNII value of	f an affidavit is attached, it must have been NGS: A trustee may, pursuant to subsectio the security as assessed, in a proof of secu	nade before a person qualified to take affidavits.  128(3) of the Act, redeem a security on payment to the secured creditor of the debt or th ty, by the secured creditor.  Is for making any false claim, proof, declaration or statement of account.
		PROXY
	(Subsection 102(	and paragraphs 51(1)e) and 66.15(3)b) of the Act)
In the N	Matter of the Receivership of <b>HMV Can</b>	da Inc.
l,		, of (name of town or city)
	(name of creditor)	(name of town or city)
a credit	or in the above matter, hereby appoint	of
to be m	y proxyholder in the above matter, exc	pt as to the receipt of dividends,(with <i>or</i> without) power to
	another proxyholder in his or her place	
Dated a	at, this	day of
Signati	re of creditor	
Per:		
Na	me and Title of Signing Officer	Signature of witness