

Fax

Email

Name and title of Representative (contact person):

KPMG inc.
Tour KPMG
Suite 1500
600 de Maisonneuve Blvd. West
Montreal (Québec) H3A 0A3

Telephone (514) 840-2100 Fax (514) 840-2121 www.kpmg.ca

CANADA
PROVINCE OF QUEBEC
DISTRICT OF MONTREAL
Court No: 500-11-057458-198

SUPERIOR COURT

Commercial Division

Court No . 500-11-05/456-156				
IN THE MATTER OF THE LIQUIDATION OF:	BRITISH CONTROLLED OILFIELDS LTD. Compa			
	- and -	прапу		
	KPMG INC.			
	Liqu	uidatoı		
PRO	OOF OF CLAIM FORM			
Please read the attached instruction she	eet carefully prior to completing this proof of claim form.			
	R THE HOLDER OF SHARES To of shares (the "Holder of Shares") should be the name of the original Create the control of the original Create the control of a claim, or a portion thereof, has occurred prior to			
Full legal name of Creditor / Holder of Shares (not t assignee)	he mandatory			
Doing business as (if applicable)	mandatory			
Complete Mailing address	mandatory			
Phone	mandatory			
Fax				
Name and title of Representative (contact person):	mandatory			
Email	mandatory			
B. NAME AND ADDRESS OF THE ASSIGNEE (II (The full legal name of the assignee if the claim, in whole or a attach a separate sheet with the required information.)	F ANY) a portion of it, has been assigned. If there is more than one assignee, plea	ase		
Full legal name of assignee	mandatory			
Complete Mailing address	mandatory			
Phone	mandatory			

. PROOF	OF CLAIM					
I	mandatory (name of Creditor or Holder of Shares or signing officer)	from _		mandatory (City and Province)		
O HEREBY						
. That I	am a creditor or holder of shares of the above	ve-named Comr	any (<i>or</i> tha	at Lam)		
(posit	ion or title) of ng officer).			e of Creditor or Holder o		
. That I	have knowledge of all the circumstances cor	nnected with the	e Claim ref	erred below.		
. That I	am a:					
	☐ Creditor of the Company		Holder o	f Shares of the Company	,	
I have	e a Claim in the amount of \$			shares of the C	ompany	
	e documents which are required to prove my se include all the documents necessary to pro		hed herew	ith, including all relevant	originals	
). FILING	OF THE CLAIM					
II proofs o 020 (the "B	f claims must be received by the Liquidator Bar Date").	no later than 5 :	00 p.m . (E	astern Daylight Time) or	January 15	
	file your proof of claim by the Bar Date, you				claim will no	
	ed for distribution purposes, if not received b of claim must be delivered by e-mail, fax, ma	•		•	the followin	
oordinates		iii, registerea iii	ali, couriei	or personal delivery to	ine ionowin	
KPMG Inc.			Phone:	514-840-2100		
	pinted Liquidator of British Controlled Oilfield	s Ltd.	Fax:	514-840-2121		
	G, Suite 1500		Email:	bco@kpmg.ca		
	sonneuve Blvd. West Québec) H3A 0A3					
	any question, please contact the Liquidator b	y e-mail at <u>bco@</u>	®kpmg.ca			
Signed in	this		day of		20	
	mandatory		mandatory			
(SOLEMNLY AFFIRMED before me in the City of20)		(s	(signature of creditor or holder of shares who is an individual)			
			mandatory			
		(n	(name of creditor or holder of shares that is not an individual)			
	mandatory		mandatory			
(SO	LEMNLY AFFIRMED before me in the City of		(signature of authorized signing officer)			
	, this day of20)					