

PROOF OF CLAIM FORM

FOR TARIION CLAIMS¹ CONCERNING THE CENTRIUM AT NORTH YORK CONDOMINIUM PROJECT²

1. **NAME OF SELLING ENTITY (the “Vendor”)** executing the agreement of purchase and sale:

2. **CLAIMANT (the “Claimant”)**

Legal Name of Claimant

Full Address of Claimant (Street, City, Province/State, Country, Postal/Zip Code)

Phone Number (Home) _____ (Cell/Other) _____

Fax Number _____ E-mail _____

3. **AMOUNT OF TARIION CLAIM**

The Claimant made the following Deposit(s) to the Vendor which have not been returned to them and have not already been the subject of a claim paid by Tarion:

Amount of Tarion Claim	Date of Deposit

¹ Capitalized terms used in this form and not otherwise defined have the meaning given to them in the order of the Ontario Superior Court of Justice (Commercial List) made on August 28, 2018, in connection with the failed condominium complex known as The Centrium at North York Project.

² 1772521 Ontario Inc., 1745932 Ontario Inc., 1762939 Ontario Inc., 1764204 Ontario Inc., 1764205 Ontario Inc., Centrust Group Inc., Meerai Cho, The Guarantee Company of North America and Tarion Warranty Corporation

4. DOCUMENTATION

Provide all particulars of the Tarion Claim and supporting documentation, including amount, and description of transaction(s) or agreement(s), or legal breach(es) giving rise to the Tarion Claim.

5. CERTIFICATION

I hereby certify that:

- i) I am the Claimant or authorized representative of the Claimant.
- ii) I have knowledge of all of the circumstances connected with this Claim.
- iii) The Claimant asserts this Tarion Claim against the Vendor as set out above.
- iv) Complete documentation in support of this Claim is attached.
- v) A copy of the Claimant’s photo identification (e.g. driver’s license) is attached.

<p>Claimant Signature:</p> <hr/> <hr/> <p>(print name)</p>	<p>Witness Signature:</p> <hr/> <hr/> <p>(print name)</p>
<p>Dated at the City of _____ this _____ day of _____, 2018.</p>	

6. FILING OF CLAIM

This Proof of Claim **must be received by the Claims Officer on or before 5:00 p.m. (Toronto time) on October 29, 2018 by prepaid ordinary mail, registered mail, courier, personal delivery or electronic transmission at the following address:**

Link & Associates Inc.
77 King Street West
Suite 3000, PO Box 95
TD Centre North Tower
Toronto, Ontario M5K 1G8

Attention: Robert Link, CIRP, LIT
Email: rlink@linkassociates.ca
Fax: 416.862.2136

For more information see www.linkassociates.ca or contact the Claims Officer by telephone at (416) 862-7785.

TARION CLAIMS WHICH ARE NOT ACTUALLY RECEIVED BY THE CLAIMS OFFICER ON OR BEFORE 5:00 P.M. ON THE TARION CLAIMS BAR DATE WILL BE FOREVER BARRED AND EXTINGUISHED AGAINST TARION, GCNA AND MURRAY (AND THEIR PROFESSIONAL ADVISORS), WITHOUT PREJUDICE TO THE RIGHT OF CLAIMANTS TO PURSUE RECOVERY FROM OTHER PARTIES AS THEY DEEM APPROPRIATE.