

CLAIM FORM

CLASS ACTION CONCERNING THE WHC SERVICE OUTAGE OF AUGUST 28, 2021

9415-8441 Québec inc. v. WHC Solutions en ligne inc., # 500-06-001162-219

This Claim Form must be sent **by email, mail or courier** to the Claims Administrator :

MATSON, DRISCOLL & DAMICO LTD
JURICOMPTABLES / FORENSIC ACCOUNTANTS
To the attention of : Ephraim Stulberg
625, President Kennedy Avenue, #1015
Montreal (Quebec) H3A 1K2
Email : classactionsettlement@mdd.com

THIS CLAIM FORM MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR BY JANUARY 31, 2024.

If you need assistance or advice in completing the Claim Form, you may retain counsel at your own expense or contact Class Counsel for free at jlambert@lambertavocats.ca.

Claimants or their representatives must notify the Claims Administrator promptly of any change or correction to their name, address, telephone number or legal representation.

SECTION 1 – CLAIM ELIGIBILITY CRITERIA

A Claim will only be **valid** if :

- a) It concerns reasonable expenses incurred by a Member during and as a result of the Outage, for services rendered by a third party for the purpose of ensuring the continuity of the activity of a website of the Member affected by the Outage;
- b) The invoices submitted for its support are issued by a third party having an arm's length relationship with the Member submitting the Claim;
- c) Submitted invoices contain valid tax identification numbers.

A Claim will be **invalid** if :

- a) It concerns fees paid to an employee of the Member or other internal expenses of the Member;
- b) It concerns the fixed monthly fees of a service provider retained by the Member before the Outage;
- c) It concerns services provided :
 - i. before the Outage of August 28, 2021;
 - ii. after the date of restoration of a Member's web hosting service and recovery of their data;
- d) after September 30, 2021, in any case;
- e) It concerns costs for the purchase or rental of equipment, IT or other;
- f) It concerns lost benefits of the claiming Member;
- g) The invoices submitted in its support are fraudulent according to the Claims Administrator.

PLEASE ATTACH ALL REQUIRED DOCUMENTS TO YOUR CLAIM

SECTION 2 – IDENTIFICATION OF THE CLAIMANT

Please complete this section with the claimant's information. If you are applying on behalf of someone else, please also complete section 2.1 – identification of the representative.

First name : _____ **Last name :** _____

Address : _____
Civic number _____ Street _____ Apartment _____
City (municipality) _____ Province _____ Postal code _____

Email : _____

Phone : _____

SECTION 2.1 – IDENTIFICATION OF THE REPRESENTATIVE (if applicable)

Please complete this section if you are applying as a representative for someone else, in which case all correspondence will be sent to you as representative.

First name : _____ **Last name :** _____

Address : _____
Civic number _____ Street _____ Apartment _____
City (municipality) _____ Province _____ Postal code _____

Email : _____

Phone : _____

Relationship with claimant : _____

SECTION 3 – DECLARATION

I, undersigned, _____, declare that :
(print name)

1. I believe I am a Member of the Class described in the class action or am duly authorized to act on behalf of a person whom I believe to be a Member of the Class described in the class action;
2. The Claim I submit is valid according to the criteria listed in Section 1;
3. I authorize the Claims Administrator and Class Counsel to contact me as needed to administer my Claim;
4. All the facts alleged in this Claim Form are true.

AND I HAVE SIGNED on _____

Signature