

# DISTRIBUTORS AND MANUFACTURERS CLAIM FORM

## Citric Acid Settlement

TO BE ELIGIBLE FOR COMPENSATION YOUR COMPLETE APPLICATION TOGETHER WITH SUPPORTING DOCUMENTATION MUST BE SENT TO THE CLAIMS ADMINISTRATOR NO LATER THAN JUNE 13, 2002.

You must complete all pages of this Form. Attach additional pages if space is insufficient.  
Please type or print legibly in black ink.

### Identification of Distributor or Manufacturer

Name: \_\_\_\_\_  
Name of Distributor or Manufacturer (full legal name)

\_\_\_\_\_   
Contact Person

Address: \_\_\_\_\_  
No./Apt./Street City Province Postal Code

Telephone: \_\_\_\_\_  
Area code / phone no. (Ext. if applicable)

Is the above identified entity a Distributor or a Manufacturer? \_\_\_\_\_

### Please Inform the Claims Administrator of all Address Changes in Writing

1. Identification of person signing this Registration (check one only):

I am an authorized employee, officer or director of the above-identified Distributor or Manufacturer. I am signing this Form to register the Distributor or Manufacturer for settlement benefits.

I am the trustee, receiver or other representative of the above-identified Distributor or Manufacturer. I am signing this Form to register the Distributor or Manufacturer for benefits under the Settlement. (Attach copy of court order or other official document appointing you as representative and state your name, title, mailing address and telephone number).

2. The following supporting documentation must be submitted with this Claim Form:

A. Please list all citric acid purchases made between July 1991, and June 27, 1995:

	Date of Purchase	Volume Purchased	Dollar Value of purchase	Seller's Identity
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Please attach additional sheets if required.

B. Product Purchase Verification:

- Proof of purchase and payment confirming the Distributor's or Manufacturer's purchase of citric acid between July 1991, and June 27, 1995, and confirming the dollar value of the citric acid purchased;
- Seller's sales record(s) verifying the sale of citric acid in raw form to the Distributor or Manufacturer between July 1, 1991 and June 27, 1995, and verifying the dollar value of the sale; or
- If a Distributor or Manufacturer is unable to provide any of the documentation as specified above, a Distributor or Manufacturer may submit to the Claims Administrator such other comparable verification as may be acceptable to the Claims Administrator. Such other objective verification must be accompanied by an Affidavit from the Distributor or Manufacturer stating:
  - a. the steps taken by the Distributor or Manufacturer to obtain the Product Purchase Verification outlined in subparagraphs 1 and 2 above and;
  - b. the responses, if any, to those steps.

C. If claiming as a Manufacturer, please list the products that you manufacture which contain citric acid as a component part, and attach evidence demonstrating that the products listed are manufactured by you and contain citric acid as a component part.

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3. I declare under penalty of perjury that the information on this Form is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (Claimant or Representative)

\* To preserve eligibility for benefits under the settlement, your completed application, together with the required documentation must be submitted to the Claims Administrator no later than June 13, 2002.

THE INFORMATION PROVIDED IN THIS FORM WILL REMAIN CONFIDENTIAL  
AS PROVIDED IN THE SETTLEMENT AGREEMENT

Please mail this Form to the following address:

Claims Administrator  
140 Fullarton Street  
Suite 1400  
London, ON N6A 5P2