

**APPEAL FORM
(ReQuip Class Action)**

Claimant Identification		Telephone Request Information	
Crawford File No.: (insert No. from letter)		Teleconference Requested	Yes <input type="checkbox"/> No <input type="checkbox"/>
TR No. (last three digits 097862-***)		Telephone number to reach you:	
Your Name:		Time/Day preferred for teleconference	

Please provide an explanation as to why you believe you should receive more compensation and/or why you should be included in the REQUIP Class Action.

Reasons (add additional sheets and documents, if desired)

**THIS APPEAL FORM MUST BE RECEIVED BY THE
ADMINISTRATOR BY MONDAY JULY 4, 2016**

I understand that to succeed in this appeal I must establish that Class Counsel made material errors in the evaluation of my entitlement, pursuant to the terms of the Settlement and the Guideline. I understand that if I succeed in establishing this, the Administrator will then review my claim and determine whether my compensation, if any, should be increased or decreased as a result.

I also hereby acknowledge that in the event that my appeal is unsuccessful, the amount of \$250.00 will be deducted from my compensation, or in the event that no compensation is awarded, I will be required to pay \$250.00 upon receipt of the Appeal decision.

Signature of Claimant

Date

Please send completed forms along with proof to:
REQUIP Claims Administrator
c/o Crawford Class Action Services, by either:
Fax #1-888-842-1332
Email: Requipclassaction@crawco.ca
Courier: 610-180 King St S, Waterloo, ON, N2J 1P8
Mail: 3, 505-133 Weber St N, Waterloo, ON, N2J 3G9