## APPEAL FORM (Dupont Class Action)

Claimant Identification	ant Identification Telephone Request Information		
Epiq File No.: (insert No. from letter)	Teleconference Requested	Yes 🗆	No 🗆
TR No. (last three digits 901855- ***)	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 Dupont Class Action.

Reasons (add additional sheets and documents, if desired)

## THIS APPEAL FORM MUST BE RECEIVED BY THE ADMINISTRATOR <u>BY JANUARY 20, 2020</u>

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 and that if I succeed in doing so, the Administrator will then review my Claim and determine whether my compensation, if any, is increased or decreased as a result.

I also hereby acknowledge that I am aware 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:	
	Dupont Claims Administrator	
	c/o Epiq Class Action Services Canada Inc., by either:	
	Fax #1-888-842-1332	
	Email: DupontAppeals@epiqglobal.com	
	Courier: 610-180 King St S, Waterloo, ON, N2J 1P8	
	Mail: Suite 3-505, 133 Weber St N, Waterloo, ON, N2J 3G9	