



Bankruptcy and Insolvency Act
PROOF OF CLAIM

KPMG Inc. - Trustee
3rd Floor, 777 Dunsmuir Street
PO Box 10426
Vancouver, BC, V7Y 1K3
Fax: 1.604-691-3036

(All notices or correspondence regarding this claim must be forwarded to the following address: \_\_\_\_\_)

IN THE MATTER OF THE BANKRUPTCY of EMG Experiential Media Group (Canada) Corp., of Richmond, British Columbia and the claim of \_\_\_\_\_, creditor.

I (name of creditor or representative of the creditor) \_\_\_\_\_ of (city and province) \_\_\_\_\_ do hereby certify:

- 1. That I am a creditor of the above-named debtor (or that I am \_\_\_\_\_ (state position or title) of \_\_\_\_\_ (name of creditor or representative of the creditor)).
2. That I have knowledge of all the circumstances connected with the claim referred to below.
3. That the debtor was, at the date of bankruptcy, namely the 5th day of May, 2020, and still is, indebted to the creditor in the sum of \$ \_\_\_\_\_, as specified in the statement of account (or affidavit) attached and marked Schedule "A", after deducting any counterclaims to which the debtor is entitled. (The attached statement of account or affidavit must specify the vouchers or other evidence in support of the claim.)

4. (Please check and complete appropriate category.)

- A. UNSECURED CLAIM OF \$ \_\_\_\_\_ That in respect of this debt, I do not hold any assets of the debtor as security and (check appropriate description):
B. CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE \$ \_\_\_\_\_ That I hereby make a claim under subsection 65.2(4) of the Act, particulars of which are as follows:
C. SECURED CLAIM OF \$ \_\_\_\_\_ That in respect of this debt, I hold assets of the debtor valued at \$ \_\_\_\_\_ as security, particulars of which are as follows:
D. CLAIM BY FARMER, FISHERMAN OR AQUACULTURIST OF \$ \_\_\_\_\_ That I hereby make a claim under subsection 81.2(1) of the Act for the unpaid amount of \$ \_\_\_\_\_.
E. CLAIM BY WAGE EARNER OF \$ \_\_\_\_\_ That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$ \_\_\_\_\_.
F. CLAIM AGAINST DIRECTOR \$ \_\_\_\_\_ (To be completed when a proposal provides for the compromise of claims against directors.)
G. CLAIM OF A CUSTOMER OF A BANKRUPT SECURITIES FIRM \$ \_\_\_\_\_ That I hereby make a claim as a customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows:

5. That, to the best of my knowledge, I am (or the above-named creditor is) (or am not or is not) related to the debtor within the meaning of section 4 of the Act, and have (or has) (or have not or has not) dealt with the debtor in a non-arm's-length manner.

6. That the following are the payments that I have received from, the credits that I have allowed to and the transfers at undervalue within the meaning of subsection 2(1) of the Act that I have been privy to or party to with the debtor within the three months (or, if the creditor and the debtor are related within the meaning of section 4 of the Act or were not dealing with each other at arm's length, within the 12 months) immediately before the date of the initial bankruptcy event within the meaning of subsection 2(1) of the Act: (Provide details of payments, credits and transfers at undervalue.)

I request that a copy of the report filed by the trustee regarding the bankrupt's application for discharge pursuant to subsection 170(1) of the Act be sent to the above address (*applicable only in the case of the bankruptcy of an individual*).

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Witness: \_\_\_\_\_

Creditor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** If an affidavit is attached, it must have been made before a person qualified to take affidavits.  
**WARNING:** A trustee may, pursuant to subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the value of the security as assessed, in a proof of security, by the secured creditor.  
Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.  
**NOTE:** If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1 must be added at the end of the document.

**GENERAL PROXY IS ON THE FOLLOWING PAGE OF THIS FORM**

**General**

The *signature of a witness* is required.

This document *must be signed* personally by the individual completing the declaration.

*Give the complete address* where all notices or correspondence is to be forwarded.

For your claim to be valid, you must provide *supporting documentation* (i.e., *invoice or statement of account*). The amount on the *statement of account* must correspond to the amount indicated on the proof of claim (*see Item 3 below*).

Item 1 – Creditor must state full and complete legal name of company or firm. If the individual completing the proof of claim is not the creditor himself, he must state his position or title.

Item 3 – The statement of account must be complete. *A detailed statement of account of the last three months* must be attached to the proof of claim and *must* show the date, the number and the amount of all the invoices or charges, together with the date, the number and the amount of all credits or payments.

Item 4 – Please *strike out* those phrases that do not apply.

- An unsecured creditor must indicate whether he does or does not claim a right to a priority. A schedule must be attached to support priority claims.
- If you are filing as a secured creditor, a certified copy of the security documents must be attached to the proof of claim.
- If making a claim as a farmer, fisherman or aqua culturist, attach a copy of sales agreement and delivery documents.

Item 5 – All claims must indicate if they *are or are not related* to the debtor, as defined in Section 4 of the Bankrupt Act, by striking out “*are*” or “*are not*.” If you are related by blood or marriage to the debtor, you should consider yourself to be a related person. If the bankrupt is a corporation, you would be considered to be related to it if you were a shareholder or if your company was controlled by the same shareholders as the bankrupt corporation.

Item 6 – All Claimants must attach a detailed list of all payments or credits received or granted as follows:

- *within the three (3) months preceding* the bankruptcy or the proposal, in case where the claimant and the debtor are not related.
- *within the twelve (12) months preceding* the bankruptcy or proposal, in the case where the claimant and the debtor are related.

**PROXY**

*All signatures must be witnessed.*

A creditor may vote either in person or by proxy.

A debtor may not be appointed a proxy to vote at any meeting of his creditors.

The trustee may be appointed as a proxy for any creditor.

In order for a duly authorized person to have a right to vote he must himself be a creditor or be holder of a property executed proxy.

The name of the creditor must appear in the proxy.

Completed forms can be sent by:

Email: Phil Mitchell at [philmitchell@kpmg.ca](mailto:philmitchell@kpmg.ca)

**Note:** 1. Given the COVID-19 pandemic, email is the preferred method of contact. If email is not possible then completed forms can be sent by:

Mail: KPMG Inc., Trustee  
3<sup>rd</sup> Floor, 777 Dunsmuir Street  
PO Box 10426  
Vancouver, BC  
Attention: P. Mitchell

Fax: 604-691-3036

2. As an original claim is not necessary, multiple copies of your claim do not need to be sent. One copy of your claim and supporting documentation, either by mail, fax or email, would suffice.

**GENERAL PROXY**

IN THE MATTER OF THE BANKRUPTCY of \_\_\_\_\_  
a bankrupt.

I (or We), \_\_\_\_\_ (name of creditor), of  
\_\_\_\_\_ (name of city, town or village), a creditor in the above matter, hereby  
appoint \_\_\_\_\_ or, \_\_\_\_\_ to be my (or our) general proxy in the  
above except as to the receipt of dividends, with (or without) power to appoint another general proxy in his or her place.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Individual Creditor (Telephone no.)

\_\_\_\_\_  
Name of Corporate Creditor

\_\_\_\_\_  
Witness

Per: \_\_\_\_\_  
Name and Title of Signing Officer (Telephone no.)