

Innovation, Science and Economic Development Canada Office of the Superintendent of Bankruptcy Canada

Signature (debtor)

Innovation, Sciences et Développement économique Canada Bureau du surintendant des faillites Canada

ESTATE INFORMATION SUMMARY (Version française disponible sur demande)

of Bankruptcy Čanada des faillites Canada			Original Amendment		
I – COMPLETE THE FOLLOWING IN ALL CASES					
PROCEEDING Assignment Bankruptcy Proposal order		Individual Corporation	Income Trust		
Estate Name		Language			
Lies the debter regulated been barburet a read		English French Other (please s			
Has the debtor previously been bankrupt or made a proposal under the <i>Bankruptcy and Insolvency Act</i> In Canada?	state numbers for any bankruptcy or	rder application, bankruptcy, proposal or receive	rship related to the debtor.		
Address					
Home telephone no. Work telephone no. (if any)	The debtor resid	es or has carried on business at the above add	ress since: D M Y		
E-mail address (if any)					
Consumer debts only? Yes No No of the total debt is business debt	If 50% or more is business debt, pro of the primary business activity.	vide the 6-digit NAICS code Enter Busi	ness Number(s), if applicable.		
Joint Estate Name		Language			
Has the debtor previously been bankrupt or made List all e:	state numbers for any bankruntey or	English French Other (please proposal or received p	e specify)		
a proposal under the Bankruptcy and Insolvency Act in Canada?	state numbers for any bankrupicy of	чет аррисацоп, ранктирксу, ргорозагот тесетуе	asimple lated to the debtor.		
Address					
Home telephone no. Work telephone no. (if any)	The debtor resid	es or has carried on business at the above add	ress since: D M Y		
(
E-mail address (ii any)					
Consumer debts only? Yes No 0/0 of the total debt is business debt	If 50% or more is business debt, pro of the primary business activity.	vide the 6-digit NAICS code Enter Busi	ness Number(s), if applicable.		
res ind is business debt	, , ,				
II - VOLUNTARY SELF-IDENTIFICATION (To be completed by	y the debtor)				
What is your gender? Male Female Other I prefer not to answer		American Indian or a member of a First Nation,			
Highest level of education completed by bankrupt/debtor:	American Indians or members of non-registered Indians.)	f a First Nation include status, treaty or registere	ed Indians, as well as non-status and		
0-8 years Some High school diploma	Yes No	I prefer not to answer			
Some Post-secondary University degree	If you wish to provide further det		st Nation		
I prefer not to answer	please specify the group to whic	h you belong.			
Are you a person with a disability? (Persons with disabilities are persons who have a long-term or recurring physical, mental, sen					
that impairment or believe that an employer or potential employer is likely to consider them to limitations owing to their impairment have been accommodated in their current job or workplace.		reason of that impairment. Persons with disabi	illes are also those whose functional		
Ves No I prefer not to answer Co-ordination or dexterity (difficulty using han-	ds or arms, for example, grasping o	r handling a stapler or using a keyboard)			
If you wish to provide further details, please select the box(es) that apply Blind or visual impairment (unable to see or d	ifficulty seeing)	nd down stairs)			
to you. Deaf or hard of hearing (unable to hear or difficular or difficult or difficult	ulty speaking and being understood)				
Are you a member of a visible minority group? (A member of a visible minority in Canada may be defined as someone (other than an Aborigii	·	,, , , , , , , , , , , , , , , , , , , ,			
Yes No I prefer not to answer	iai percent, into te nen intime in colo	amado, regaralese el are plade el amany			
Black South Asian/East Indian (including Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.) If you wish to provide further details, please select Chinese Southeast Asian (including Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.)					
the box(es) that best describes your origin. Filipino Non-White West Asian, North African or Arab (including Egyptian; Libyan; Lebanese; Iranian; etc.) Japanese Non-White Latin American (including indigenous persons from Central and South America, etc.) Korean Person of Mixed Origin (with one parent in one of the visible minority groups listed above)					
☐ Other Visible Minority Group (Please specify)					
VOLUNTARY SELF-IDENTIFICATION (To be completed by joi What is your gender?	Are you an Aboriginal person?				
Male Female Other I prefer not to answer		American Indian or a member of a First Nation, f a First Nation include status, treaty or registers			
Highest level of education completed by bankrupt/debtor: 0-8 years Some high school diploma	Yes No	I prefer not to answer			
Some Post-secondary University degree certificate or diploma		_			
I prefer not to answer	If you wish to provide further det please specify the group to which		t Nation		
Are you a person with a disability? (Persons with disabilities are persons who have a long-term or recurring physical, mental, sen	sorv psychiatric or learning impairm		antaged in employment by reason of		
that impairment or believe that an employer or potential employer is likely to consider them to limitations owing to their impairment have been accommodated in their current job or workplace.	be disadvantaged in employment by				
Yes No I prefer not to answer					
Co-ordination or dexterity (difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard) If you wish to provide further details, Mobility (difficulty moving around, for example, from one office to another or up and down stairs)					
please select the box(es) that apply Blind or visual impairment (unable to see or difficulty seeing) to you. Deaf or hard of hearing (unable to hear or difficulty hearing) Speech impairment (unable to speak or difficulty speaking and being understood)					
Other disability (including learning disabilities, Are you a member of a visible minority group?	developmental disabilities and all o	ther types of disabilities) (Please specify)			
(A member of a visible minority in Canada may be defined as someone (other than an Aborigin Yes No I prefer not to answer	nal person) who is non-white in colo	ur/race, regardless of the place of birth.)			
Black South Asian/East Indian (including Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.) If you wish to provide further details, please select Chinese Southeast Asian (including Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.)					
the box(es) that best describes your origin.	Asian, North African or Arab (includir American (including indigenous pers	ng Egyptian; Libyan; Lebanese; Iranian; etc.) ons from Central and South America, etc.)			
☐ Korean ☐ Person of Mixed C☐ Other Visible Mino	Origin (with one parent in one of the ority Group (Please specify)	visible minority groups listed above)			
Your response to the self-identification questions (Section II) is collected under the authority of the Bankruptcy and Insolvency Act. This information will be used by the Office of the Superinte	endent of Bankruptcy (OSB) for stati	stical analysis, public policy research, and prog	ram development. Your response is		
voluntary and will remain confidential. Refusing to answer Section II will not negatively impact your personal information by contacting the OSB. You further have the right to complain to the	Privacy Commissioner of Canada r	especting the handling of your personal information			
I, the undersigned, do consent to the collection, disclosure, and use of my response to the self	r-identification questions by the OSE	3.			

Date

Signature (joint debtor)



III – COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON					
The debtor is the guarantor of Business Consumer Other					
debts debts specify Name of persons whose debts are guaranteed	Amount guaranteed	Name of business if business debts	Is the person bankrup		
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IV COMPLETE THE FOLLOWING IF THE DEPTOD IS A COD	DODATION INCL	LIDING AN INCOME TRUST			
IV – COMPLETE THE FOLLOWING IF THE DEBTOR IS A COR	PORATION, INCL	ODING AN INCOME TRUST			
Yes No					
Trade name(s) of the corporation (if different from the estate name)					
Place of business (if different from the estate address)					
Primary business activity of the corporation					
Names of the corporation's officers					
	I-v-	· · · · · · · · · · · · · · · · · · ·			
Name of person to be examined	Title	Telephone No.	1		
Address of the person to be examined	Language				
		French Other (please specify)			
During the past 12 months, what was the maximum number of employees that you employed?	How long have yo	ou been in operation under this current legal name?			
V – TO BE COMPLETED WHEN FILING A CONSUMER PROPO	SAL OR AMEND	ED CONSUMER PROPOSAL			
Terms of the Consumer Proposal: Number of payments Amount of payment		Total			
\$		▶ \$			
		_			
\$		<u> </u>			
\$		> \$			
\$		<u>\$</u>			
		Total			
		\$			
Describe other non-monetary terms below		Anticipated Completion Date of Consumer Proposal	e D M Y		
		Amount outstanding on			
		mortgage or hypothec on principal residence			
VI – TO BE COMPLETED AND SIGNED BY THE TRUSTEE IN A	ALL CASES				
Suggested Time and Place					
CONTACT TRUSTEE	ible for the administrative		icence number		
Name and licence number of the individual Trustee or administrator of consumer proposal responsi	ible for the administration of	i uie estate			
Request for an investigation under the Debtor Compliance Referral Program Yes No If yes, provide reasons for referral Program	eferral				
A possible conflict of interest situation exists Yes No If yes, explain					
Indemnification N/A Deposit Guarantee					
Name of depositor or guarantor Tructee absent when file submitted:	Signature				
Amount or extent of indemnity amended summary to follow	of Trustee				
VII - OFFICIAL DECEIVED LICE ONLY					
VII – OFFICIAL RECEIVER USE ONLY NOTE: QUOTE THIS NUMBER IN ALL FUTURE CORRESPONDENCE	Administration	Date of D M Y	Туре		
No.	Summa	ary Ordinary filing			
Industry District Division Court No	Licence No.	of appointed Trustee	Resp. O.R.		
Assets Liabilities	Security				
As Or	Time	Location	Chairperson O.R. Trus		
Debtor Examination		Location			
Yes No					
Official Receiver Comments			Note to file		
			Official B		
			Receiver's Initials		
			Data Processing		
			Initials Document		
			Production Initials		