## Atlantic International Bank Limited (in Liquidation)

## CLAIM FORM 1 Unsecured Depositor

| Please read the General Instructions-Claim Forms carefully and complete in block letters |                           |                           |     |                       |                       |  |
|--|---------------------------|---------------------------|-----|-----------------------|-----------------------|--|
| Is this the only type of   | Y/N State other Type(s    |                           | :   |                       |                       |  |
|  |                           |                           |     |                       |                       |  |
| CLAIMANT:  |                           |                           |     |                       |                       |  |
| Surname  | First Name                | Other Name(s)             |     | Identification Type   | Identification Number |  |
|  |                           |                           |     |                       |                       |  |
| OR Business Name   |                           | Business Type             |     |                       | Registration No.      |  |
|  |                           |                           |     |                       |                       |  |
| Address:   |                           |                           |     |                       |                       |  |
| Address.   |                           |                           |     |                       |                       |  |
| Telephone (home)   | Telephone (work)          | Telephone (mobile) E-mail |     |                       |                       |  |
|  |                           |                           |     |                       |                       |  |
|  |                           | ,                         |     |                       |                       |  |
| DEPOSIT ACCOUNT (1)  | :                         |                           |     |                       | For Official Use Only |  |
| Account Type   | Account Type Account Name |                           |     |                       | 1                     |  |
|  |                           |                           |     |                       |                       |  |
| Account Date (Issued/Opened)   |                           | Account Number            |     | ]                     |                       |  |
|  |                           |                           |     |                       |                       |  |
| Date of Account Balance (most recent)  |                           | Date of Last Transaction  |     |                       |                       |  |
|  |                           |                           |     |                       |                       |  |
| Account Balance (most recent)  |                           | Account Currency          |     |                       | ]                     |  |
| \$   |                           |                           |     |                       |                       |  |
| Is the deposit pledged/secured? Y/N  |                           |                           |     |                       | 1                     |  |
| Has the deposit been assi  | igned? Y/N                |                           |     |                       | ]                     |  |
| Have you received any payment of the balance from any person or entity? Y/N              |                           |                           |     |                       |                       |  |
|  |                           |                           |     |                       |                       |  |
| DEPOSIT ACCOUNT (2):   |                           | I Assessment Names        |     | For Official Use Only |                       |  |
| Account Type   |                           | Account Name              |     |                       | 4                     |  |
| Assessed Date (Issued/On 1)  |                           | A Ni I-                   |     |                       | 1                     |  |
| Account Date (Issued/Opened)   |                           | Account Number            |     | -                     |                       |  |
|  |                           |                           |     |                       | -                     |  |
| Date of Account Balance (most recent)  |                           | Date of Last Transaction  |     | 4                     |                       |  |
| Assessed Delegate for each many  |                           | A constant Comment        |     | -                     |                       |  |
| Account Balance (most recent)  |                           | Account Curren            | ісу |                       | 4                     |  |
| <u> </u>   |                           |                           |     |                       | 1                     |  |
| Is the deposit pledged/secured? Y/N  Has the deposit been assigned? Y/N                  |                           |                           |     |                       | 4                     |  |
| Have you received any payment of the balance from any person or entity? Y/N              |                           |                           |     |                       |                       |  |
| have you received any payment of the balance from any person of efficient 1/10           |                           |                           |     |                       |                       |  |

| Note: If more than two deposit accounts held, please complete additional claim form(s) as necessary                          |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| LOANS AND OTHER LIABILITIES:   | For Official Use Only                                |  |  |  |  |  |
| Do you owe Atlantic International Bank Limited any s   |  |  |  |  |  |  |
| LOANS:   |  |  |  |  |  |  |
| Loan Date (granted)  | Loan Principal                                       |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Interest Rate  | Loan Term  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Loan Installments Payable  | Last Payment (Date)                                  |  |  |  |  |  |
| \$   | \$   |  |  |  |  |  |
| Last Payment (Amount)  | Outstanding Balance                                  |  |  |  |  |  |
| \$   | \$   |  |  |  |  |  |
| OTHER LIABILITIES:   |  |  |  |  |  |  |
| Do you owe Atlantic International Bank Limited any sum other than the above loan?  |  |  |  |  |  |  |
| Please provide information of any sum owed to Atlantic International Bank Limited:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| DECLARATION:   |  |  |  |  |  |  |
| I/We   | I/We , the claimant(s), make this claim on behalf of |  |  |  |  |  |
|  | and DECLARE that -                                   |  |  |  |  |  |
| (a) no part of the sums claimed from Atlantic Int'l Bank Ltd. has been paid by Atlantic Int'l Bank Ltd. or any other person; |  |  |  |  |  |  |
| (b) no endorsement or assignment of the sums claimed from Atlantic Int'l Bank Ltd. or any part thereof has been given;       |  |  |  |  |  |  |
| (c) neither I/We or the entity on whose behalf I/We make this claim have any outstanding loans or other liability owed       |  |  |  |  |  |  |
| to Atlantic Int'l Bank Ltd. other than those set out above; and  |  |  |  |  |  |  |
| (d) no person, other than Atlantic Int'l Bank Ltd. is liable for the said claim or any part thereof.                         |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I/We also CERTIFY that the information provided in this claim as well as the support documents attached are true, complete   |  |  |  |  |  |  |
| and correct to the best of my/our information, knowledge and belief.  Name of the Claimant(s)                                |  |  |  |  |  |  |
| Name of the Claimant(s)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signatures(s):   |  |  |  |  |  |  |
| If the Claimant is not a Natural Description   |  |  |  |  |  |  |
| If the Claimant is not a Natural Person -  | 5 (0)  |  |  |  |  |  |
| Name of Signatory (1):   | Position of Signatory(1):                            |  |  |  |  |  |
| If analisable  |  |  |  |  |  |  |
| If applicable,   | 2 11 (6)   |  |  |  |  |  |
| Name of Signatory (2):   | Position of Signatory(2):                            |  |  |  |  |  |
| Name of Circulation (2)  | Darling of Cinc. (A)                                 |  |  |  |  |  |
| Name of Signatory (3):   | Position of Signatory(3):                            |  |  |  |  |  |
| Name of Signatory (4):   | Desition of Signature (A)                            |  |  |  |  |  |
| Name of Signatory (4):   | Position of Signatory(4):                            |  |  |  |  |  |