

7. In the event your claim is accepted, please indicate if you accept to receive a **LESSER** amount than the amount which is provided for in the Settlement Agreement. No guarantees are given in the Settlement Agreement or herein as to the amount of the compensation that the Successful Claimants will receive. As such, there is no guarantee that you will receive the lesser amount you indicate.

AFFIDAVIT

I, the undersigned _____ do hereby swear or solemnly affirm that:

1. The information contained in this Claim Form is true.
2. I am delivering this Claim Form in order to make a Claim as a Claimant against Bishop's College School in the class action commenced in Superior Court, Province of Quebec, District of Montreal in Court file number 500-06-000362-067.
3. I understand that providing false or inaccurate information in the present Affidavit and/or the supporting documents to my Claim Form shall result in the rejection and nullification of my Claim.
4. I understand that providing false or inaccurate information in the present Affidavit and/or the supporting documents to my Claim Form shall result in the rejection and nullification of my Claim and potential criminal charges for perjury.

AND I HAVE SIGNED ON _____

Signature of Claimant

Name of Claimant (print)

Sworn before me at _____

on _____

Duly authorized commissioner of Oaths for

(jurisdiction)