

THE EASTERN CARIBBEAN SUPREME COURT IN THE HIGH COURT OF JUSTICE

SAINT LUCIA COMMERCIAL DIVISION

CLAIM NO. SLUHCM2016/0011

IN THE MATTER OF THE LIQUIDATION HARLEQUIN RESORTS (ST. LUCIA) LIMITED

PROOF OF DEBT FORM

Part 1: Claimant Details

Please give full name and address of the person/entity claiming to be a creditor of Harlequin Resorts (St. Lucia) Limited and contact details for communication

Full Legal Name of Claimant

Address of Claimant

Primary Telephone Number

Email Address

Name of Contact Person (if company)

Part 2: Creditor Certification of Claim

Please indicate if you are completing this form as a creditor or on behalf of a creditor.

I, , do hereby certify:

a. That:

I am a creditor of Harlequin Resorts (St. Lucia) Ltd; *OR*

I am acting on behalf of

in my capacity as

b. That I have knowledge of all the circumstances with the claim referred to below.

c. That the debtor was indebted to the creditor as at the date of liquidation, namely 30 June 2017, in the sum of £ , and that such indebtedness remains outstanding as at the date hereof. The amount claimed is as specified in the supporting documentation [or affidavit] attached hereto and is stated after giving credit for any set-off, counterclaim, or cross-demand to which the debtor may be entitled.

Part 3: Claim Summary

Total Amount Claimed £

Date Debt Was Incurred

Brief Description of Debt

Part 4: Type of Claim

Please indicate what type of creditor you are by ticking the appropriate box:

- Secured Claim** – I hold security over assets of the Company for this debt (Complete Part 5)
- Unsecured Claim** – I do not hold any security over assets of the Company (*Skip to Part 6*)

Part 5: Secured Claim Details

Complete this section only if you hold security over assets of the Company.

Description of security held and date security was given

Your estimated value of the security £

Balance due after deducting security £

(Please attach copies of all documents evidencing your security)

Part 6: Unsecured Claim Declaration

Please fill out this section to specify if any portion of your claim is eligible for priority payment.

I confirm that I do not hold any assets of the debtor as security for this debt.

Part A - Priority Claim (if applicable)

If any part of your claim qualifies for priority payment under the Insolvency Act No. 17 of 2024, please state the amount and briefly describe why it qualifies. For further information about what constitutes a priority claim, consult the Form Guidance document. If you are uncertain whether your claim qualifies for priority, reach out to the Liquidator before submitting your form.

Amount £

Reason for Priority (e.g. unpaid wages, holiday pay)

Part B - Ordinary Unsecured Claim

For the remaining portion of your claim that does not qualify for priority, please state the amount:

Amount £

Note: The total of Part A and Part B should equal the total amount of your claim. If you claim priority for the full amount, leave Part B blank. If you do not claim any priority, leave Part A blank and enter the full amount in Part B

Part 7: Counterclaims and Set-Off

Under section 242(3) of the Act, you must disclose any counterclaim that the Company may have against you.

To your knowledge, does the Company have any counterclaim against you? Yes No

Best estimate of value of the counterclaim £

Description of counterclaim

Part 8: Relationship to the Company

Under sections 258 and 259 of the Act, the payment of claims may be affected if you were not dealing at arm's length with the Company at the time the debt was incurred.

8.1 Are you, or were you at the time the debt was incurred, related to or affiliated with the Company in any of the following ways?

- A director, officer, or shareholder of the Company
- A family member of a director, officer, or shareholder
- A company controlled by, or under common control with, the Company
- An employee of the Company claiming wages, salary, or commission
- None of the above

8.2 If you answered yes to any of the above, please provide details

8.3 Declaration regarding arm's length transaction

Under section 258 of the Act, if you were not dealing at arm's length with the Company, you may not be entitled to receive a dividend until the claims of other creditors have been satisfied, unless the Court is satisfied that the transaction was proper.

I declare that the transaction(s) giving rise to this claim were conducted on arm's length terms and were proper transactions in the ordinary course of business.

- Yes, I confirm this declaration
- No, I cannot confirm this declaration (*Please explain below*)

Part 9: Payments and Credits

Please provide relevant details of any payments, credits and transfers

That the following are payments that I have received from, and the credits that I have allowed to, the Company within the three months (or, if affiliated to the Company, within the twelve months) immediately preceding the date of the winding-up order (i.e., June 30, 2017):

Part 10: Supporting Documentation & Identification

Part A: Supporting Documentation

Please attach the following documents to support your claim (tick all that apply):

- Statement of account showing particulars of the claim
- Copies of invoices, contracts, or agreements
- Correspondence relating to the debt
- Security documents (for secured creditors)
- Evidence of priority status (for priority claims)
- Court judgments or orders (if applicable)
- Other evidence

Part B: Identification

In order to verify your identify, you (the claimant) should provide a certified copy of one of the following documents:

- Current valid passport(s); **OR**
- Government issued photo bearing ID card; **OR**
- Provisional or full driver's license bearing the photograph and signature of the applicant.

AND a certified copy of one of the following documents:

- Current (i.e. less than 3 months old) bank statements, or credit/debit card statements issued by a regulated financial sector firm; **OR**
- Current (i.e. less than 3 months old) utility bills

Part 11: Signature and Verification

Signature of Claimant (or authorized representative)

Name of signing party in BLOCK LETTERS

Position with claimant or relationship to claimant, with authority to act on their behalf:

Date

Signature of Witness

This form must be witnessed by a person over the ages of 18 and unconnected to Harlequin Resorts (St. Lucia) Limited

Name of Witness in BLOCK LETTERS

Address of witness

Date

Part 12: Submission

You may submit the form along with the supporting documentation and identification by email or post:

Email: bb_hrsll@pwc.com

Post: Craig Waterman, Liquidator
Harlequin Resorts (St. Lucia) Limited (in Liquidation)
c/o The Financial Services Centre
Bishop's Court Hill
P.O. Box 111
St. Michael, BB14004
Barbados