SCHEDULE"F"
NOTICE OF DISPUTE

We hereby provide notice of our intention to dispute the Notice of Revision or Disallowance bearing Reference Number _____ and dated _____issued in respect of our claim.

Reasons for Dispute (attach additional sheet and copies of all supporting documentation if necessary):

_____

_____

_____

_____

Name of Investor: _____

_____ _____
(Signature of individual completing this Dispute) Date

_____
(Please print name)

Telephone Number of Claimant:_____
Facsimile Number of Claimant: _____
E-mail Address of Claimant: _____
Full Mailing Address of Claimant: _____

THIS FORM MUST BE RETURNED BY EMAIL, PREPAID ORDINARY MAIL, COURIER, PERSONAL DELIVERY, OR TELEFAX WITHIN 21 DAYS OF THE DATE OF THE NOTICE OF REVISION OR DISALLOWANCE, OR BY 5:00 P.M. (EASTERN STANDARD TIME) ON _____. THE ONTARIO SUPERIOR COURT'S RECEIVERSHIP AND CLAIMS PROCESS ORDER ESTABLISHING THE PROCEDURE FOR DISPUTING THE RECEIVER'S DETERMINATION OF CLAIMS

MAY REVIEWED ONLINE AT ONLINE AT www.GrantThornton.ca/GITC

Grant Thornton Limited
in its capacity as Receiver of the Proceeds of GITC

E-mail: GITC@ca.gt.com

-or-

Fax: 416-360-4949 Attention: Mr. Jason Kanji

-or-

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11th Floor
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