

Morses Club Limited
CLAIM FORM

You can use this Claim Form to submit a claim in the Scheme. You can find more information about the Scheme, including Frequently Asked Questions, on our Website (www.morsesclubscheme.com). In this Claim Form, the word "Customer" means a person who took out a loan between 1 April 2007 and 2 August 2022 (inclusive) from Morses Club (or a person who had a loan during that time from another company which Morses Club has bought and for which it is now responsible).

An online version of this Claim Form is included in the Claim Portal available on our Website at www.morsesclubscheme.com. This will be the easiest way for you to claim in the Scheme. If you are not using the Claim Portal, then sign this form and return it to us by Post to: Scheme of Arrangement Team, Morses Club Scheme Limited, Building 1, The Phoenix Centre, 1 Colliers Way, Nottingham, NG8 6AT.

To make a claim in the Scheme complete both Sections A and B below.

Important notes about making a claim:

- **If you wish to make a claim in the Scheme, please return this Claim Form (with Sections A and B completed) by the Claims Deadline (5.00 pm on 30 November 2023). If you return your Claim Form by post, please post it early to ensure it gets to us on time.**
- **All Scheme Creditors that wish to make a Scheme Claim must do so by the Claims Deadline. If you voted in the Scheme, your claim was automatically submitted in the Scheme on the date that the Scheme became effective without you needing to separately submit your claim. After the Claims Deadline, Scheme Creditors will not be allowed to make any Scheme Claim. This means that if you do not make a Scheme Claim before the Claims Deadline:**
 - (a) **you will not receive any cash payments for any valid Scheme Claim you might otherwise have had;**
 - (b) **if you are a Customer who has not fully repaid your Loan, you will not benefit from any reduction in the amount that you owe under certain loans or be entitled to any refunds that might otherwise apply.**
- **We strongly recommend that you make your claim well in advance of the Claims Deadline so that you do not miss it. If you are in any doubt about whether you have a claim, you should submit a Claim Form to ensure that it is considered.**
- **You can amend this Claim Form at any time up to the Claims Deadline for making a claim in the Scheme.**
- **If (i) you submitted a claim when voting on the Scheme, or (ii) you made a claim against Morses Club on or after 11 August 2022 but before the date that the Scheme became effective and you received a holding letter in respect of that claim, your claim will automatically be included in the Scheme and you don't need to submit another Claim Form.**
- **Please also sign the bottom of this form before returning it to us.**

SECTION A - CLAIM FORM AND CUSTOMER / REPRESENTATIVE DETAILS

PART 1

Everyone should fill in the information requested in this Part 1

Customer's Scheme ID	□□□□-□□□□-□□□□
Customer's first name	
Customer's surname	
Customer's full address	
Customer's date of birth (Day / Month / Year)	□□ / □□ / □□□□
Customer's phone number	
Customer's email address	

The information in Part 2 below is optional and only needs to be completed if you are a representative for a Customer.

PART 2

Complete this Part 2 if you are a Representative

Representatives

If you are completing this Claim Form for a Customer you are a "**Representative**".

If you are a Representative, please state your full name, address, phone number and email address in the space provided. Please also send evidence of your authority to act for the Customer with this Claim Form. By signing this Claim Form you confirm that you have been given express authority to submit this Claim Form on behalf of the Customer.

Representative's full name:

Representative's full address:

Representative's phone number:

Representative's email address:

We strongly recommend that you read the Data Privacy Notice available on the Website to understand your data will be used as part of this claims process. If you provide us with an email address, we will in future use that email address as the preferred way of contacting you about the Scheme.

IMPORTANT NOTE: If you are returning this Claim Form by email or post, please sign here after completing it.

Name:		Signature:		Date:	
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By signing and returning this Claim Form to us in accordance with the instructions set out in this Claim Form, you:

- 1) consent to let us record and use the information provided in this Claim Form in order to assess your claim in the Scheme; and**
- 2) you confirm that all of the information provided in this form is correct and accurate.**

SECTION B - CLAIM DETAILS

THE SECTION BELOW IS OPTIONAL. HOWEVER, PLEASE COMPLETE IT AND PROVIDE INFORMATION IF IT IS RELEVANT TO YOU.

EVEN IF YOU DO NOT SUBMIT THE FURTHER INFORMATION REQUESTED BELOW, PROVIDED THAT YOU RETURN THIS CLAIM FORM (WITH SECTION A COMPLETED) BY THE CLAIMS DEADLINE: 30 NOVEMBER 2023 YOUR CLAIM WILL BE INCLUDED IN THE SCHEME. HOWEVER, WE MAY ASK YOU TO PROVIDE FURTHER INFORMATION TO SUPPORT YOUR CLAIM:

<p>Other information if relevant</p> <p>We may also take into account if Customers may not have been able to understand whether they could afford the loan if the Customer suffered from certain medical conditions (such as Alzheimer's, Dementia or a brain injury) or a mental health condition.</p> <p>Did you have a medical or mental health condition at the time the loan was issued? Please tick yes or no</p> <p>Please state the nature of the medical or mental health condition</p> <p>Please state when you had this medical or mental health condition</p> <p>Are there any other factors that may have been relevant at the time that you took out a loan that you would like to submit in support of your claim (for example, evidence of a vulnerability or any relevant circumstances or interactions that you had with Morses Club at the time). Please tick yes or no.</p> <p>Please tick this box to indicate if you have provided information (e.g. Doctors letter on letter headed paper or equivalent) or other evidence of a medical or mental health condition or any other supporting evidence that may have limited your ability to afford a loan or to understand if you could afford a loan. Without evidence, this information will not be taken into consideration when assessing your claim.</p> <p>Please tick this box to allow us to use the information provided above to assess your claim. Without this permission, this information will not be taken into consideration when assessing your claim.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>State medical condition: _____</p> <p>State medical condition: _____</p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> to <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> to <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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