

Canadian Credit Card Class Actions Settlement

www.CreditCardSettlements.ca

DOCUMENTED CLAIM FORM

(Large Merchants)

Your completed claim form must be submitted **no later than 11:59 pm PST on September 30, 2022**. Late claim submissions will not be accepted or valid.

There are **four (4) ways** to submit a claim form:

1. ONLINE	Visit the dedicated website at www.CreditCardSettlements.ca and submit your claim form online . It's fast, easy and secure.
2. MAIL	Mail your completed printed claim form to: Canadian Credit Card Class Actions Settlement Claims Administrator P.O. Box 507 STN B Ottawa ON K1P 5P6 Mailed claim submissions must be postmarked no later than September 30, 2022 .
3. EMAIL	Email your completed claim form to info@CreditCardSettlements.ca .
4. FAX	Fax your completed claim form to 1-866-262-0816.

Toll-Free Tel: 1-877-283-6548

Canadian Credit Card Class Actions Settlement

PLEASE READ THE DOCUMENTED CLAIM FORM INSTRUCTIONS BELOW CAREFULLY

You can make a claim if you are a Settlement Class Member. A Settlement Class Member is any person or entity resident or operating in Canada who accepted Visa or Mastercard credit cards as payment for the supply of goods or services in Canada at some time between **March 23, 2001 to September 2, 2021**.

There are three (3) types of claims:

- 1) Undocumented;
- 2) Simplified; **OR**
- 3) Documented.

The type of claim you can make depends on whether you are a Small, Medium or Large Merchant:

TYPE OF MERCHANT	ANNUAL AVERAGE REVENUE OVER THE CLASS PERIOD (CAD)	CLAIM OPTIONS	PER YEAR CLAIM AMOUNT (CAD)
Small Merchant	Less than \$5 million	Undocumented	\$30
Medium Merchant	Between \$5 million and \$20 million	Simplified	\$250
Large Merchant	More than \$20 million	Simplified	\$250
		Documented	Proportional share of Large Merchant fund (to be determined once all claims are submitted)

This claim form is for a Documented claim only.

If you opted out of this class action prior to December 5, 2021, you are **not** eligible to make a claim.

Class members **must** submit a claim to the Claims Administrator **no later than 11:59 pm PST on September 30, 2022**.

IMPORTANT: Only Settlement Class Members who are **Large Merchants** may submit a Documented claim. This type of claim must be supported by documentary proof of the Settlement Class Member's Interchange Fees or Credit Card Sales Volume. If you are a Small Merchant, you need to complete an Undocumented claim form. If you are a Medium Merchant, you need to complete a Simplified claim form.

SECTION A: CLAIMANT NAME AND CURRENT CONTACT INFORMATION

The claimant is the person making the claim on behalf of the Settlement Class Member.

The Claims Administrator will use the information that you provide to process your claim. If this information changes, you **MUST** notify the Claims Administrator.

Fields marked with an * are mandatory.

First Name*		Last Name*	
Mailing Address* (Street, P.O. Box, as applicable)			
City*		Province*	Postal Code*
Telephone Number* (with area code)		Email Address (if provided, we will communicate primarily by email about your claim)	

SECTION B: MERCHANT (COMPANY) INFORMATION

The merchant is the Settlement Class Member on whose behalf the claim is being made.

Merchant (Company) Name*		
Mailing Address* (Street, P.O. Box, as applicable)		
City*	Province*	Postal Code*

SECTION C: CONFIRMATION OF PAYMENT METHOD

Payments will be made by wire transfer (at the discretion of the Claims Administrator) **OR** cheque.

*You **must** complete the information below in the event that this claim is approved.

Elect to receive compensation **by wire transfer** (at the discretion of the Claims Administrator).
(Please note that most banks charge a fee to receive wire transfers. Any fee charged by your bank to receive the wire transfer is your responsibility and will not be recoverable from the Claims Administrator).

SECTION E: DOCUMENTATION ATTACHED IN SUPPORT OF THIS CLAIM FOR NON-ISSUERS

IMPORTANT: This section only applies in relation to years during the Class Period in which the Settlement Class Member **DID NOT** issue Credit Cards or co-branded Credit Cards **Note** the Claims Administrator anticipates that the majority of Settlement Class Members **Will Not** have issued Credit Cards or co-branded Credit Cards.

Class Members classified as Large Merchants who wish to be eligible to receive more than an Undocumented or Simplified claim payment **must** substantiate their claim.

For each year that a Claimant accepted Credit Cards as payment for goods or services during the Class Period and **DID NOT** issue Credit Cards or co-branded Credit Cards, you must provide documentary proof through either or both:

Option A: merchant statements, financial statements or historical accounting records that identify Credit Card Sales Volume or payment of Interchange Fees, (but do not include methods of payment other than by Credit Cards such as cash or debit) and/or

Option B: a declaration and substantiating documentation in the form set out in **Schedule C** (below) to this Claims Form.

If you substantiate your claim in whole or in part with Option B (a declaration), the Claims Administrator may, at its own discretion, request further information from you.

Option A:

Attach documentary proof identifying Credit Card Sales Volume or payment of Interchange Fees

*** Indicate which years you are attaching supporting documentary proof (Option A)**

for: _____

***Confirm what the documentation that you are submitting with your claim indicates:**

- Credit Card Sales Volume during the Class Period;
- The actual amount of Interchange Fees paid during the Class Period; **AND/OR**
- The rate(s) of Interchange Fees paid during the Class Period.

Option B:

***Attach a Declaration and substantiating documents in the form attached as **Schedule “C”** to this Claims Form.**

***Indicate which years you are attaching a Declaration (Option B) for:**

SECTION F: ISSUERS AND DISCOUNTED INTERCHANGE RATES

NOTE: The Claims Administrator anticipates that the majority of Settlement Class Members will not be issuers and would not have received discounted rates and that therefore the answer to the three questions below will be No.

1. *At any time during the Class Period did the Merchant issue Credit Cards? *

YES, for years: **OR** NO

If yes, Settlement Class Members **must** submit proof showing the amount of Interchange Fees paid and received over the years during the Class Period that they issued Credit Cards.

2. * At any time during the Class Period did the Merchant issue co-branded Credit Cards?*

YES, for years: **OR** NO

If yes, Settlement Class Members **must** submit proof showing the actual rate of Interchange Fees paid over the years during the Class Period that they issued co-branded Credit Cards.

3. *At any time during the Class Period, did the Merchant receive a discounted rate for Interchange Fees below the average interchange rate of 1.5% per transaction?

YES, for years: **OR** NO

If yes, Settlement Class Members **must** submit proof showing the actual rate of Interchange Fees paid over the years during the Class Period during which they received a discounted rate.

IMPORTANT: If you answered yes to any of these three questions, you must provide information that is sufficient to determine the Settlement Class Member's **actual Interchange Fees** for the relevant time period. This information and any supporting documents will be evaluated by a court-appointed Independent Referee.

***If you answered Yes to any of the three questions in this section, confirm what the documentation that you are submitting with your claim indicates:**

The actual amount of Interchange Fees paid and/or received over the years during the Class Period that the Merchant issued Credit Cards, co-branded Credit Cards or received a discounted interchange rate; **AND/OR**

The rate(s) of Interchange Fees paid over the years during the Class Period that the Merchant issued Credit Cards, co-branded Credit Cards or received a discounted interchange rate.

SECTION G: ATTESTATION FOR A DOCUMENTED CLAIM

IMPORTANT: This section applies to all Settlement Class Members Who Wish to Submit Documented Claims

By completing and submitting this claim form, I declare or affirm, under penalty of law, that the Settlement Class Member for which I am submitting this claim:

*Is a Large Merchant, meaning it collected an average annual revenue of more than \$20 million per year over the class period **(between March 23, 2001 and September 2, 2021)**

Accepted credit cards as payment for goods or services during each of the following years (you **must** check off all the years that apply)*;

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2001 | | | | |
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2014 | <input type="checkbox"/> 2018 |
| <input type="checkbox"/> 2003 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2011 | <input type="checkbox"/> 2015 | <input type="checkbox"/> 2019 |
| <input type="checkbox"/> 2004 | <input type="checkbox"/> 2008 | <input type="checkbox"/> 2012 | <input type="checkbox"/> 2016 | <input type="checkbox"/> 2020 |
| <input type="checkbox"/> 2005 | <input type="checkbox"/> 2009 | <input type="checkbox"/> 2013 | <input type="checkbox"/> 2017 | <input type="checkbox"/> 2021 |

*I confirm that the Settlement Class Member or any related entity

HAS RECEIVED **OR**

HAS NOT RECEIVED compensation through other proceedings or private out-of-class settlements and/or provided a release in relation to Merchant Discount Fees and/or Interchange Fees paid for accepting Visa Credit Cards and/or Mastercard Credit Cards in Canada;

If the Settlement Class Member has received compensation as outlined above, the total is: \$_____ CAD

*The Claims Administrator may contact me (as Class Member or representative), for more information and/or to review the claim form. **If you do not check this box, the Claims Administrator may not be able to process your claim for compensation; AND**

*The information in this claim form is true and correct to the best of my knowledge.

*Executed on _____, in _____, _____
Date (Month Day, Year) City Province

* Printed Name

* Signature

In order to participate in the Settlement, a Settlement Class Member **must** submit a claim submission to the Claims Administrator **no later than 11:59 pm PST on September 30, 2022.**

IMPORTANT: If the claim form is submitted **by a related entity** (i.e., a parent company claiming on behalf of a subsidiary or affiliate) **or a third-party** on behalf of a Settlement Class Member (i.e., a third-party claims services or a lawyer of their own choosing), you **must** also provide a signed authorization from the Settlement Class Member at the time the claim form is submitted.

SECTION H: AUTHORIZATION FOR RELATED ENTITY (SCHEDULE "A")

IMPORTANT: This section (Schedule "A") is to be completed **only** if the claim is being submitted by a parent company on behalf of a subsidiary or affiliate. **This section must be completed by an individual with authority to bind the Settlement Class Member.**

Contact Information for Person completing this authorization:

Full Name*	
Title/Position*	
Complete Address*	
Email*	
Telephone number*	

I _____ [name of individual] am authorized to submit a claim in the Canadian Credit Card Class Actions Settlement distribution on behalf of _____ [name of Settlement Class Member (Merchant)].

- *I have the authority to bind the Settlement Class Member.
- *I understand that all communications relating to the claim will be directed towards my representative and that any resulting payment will be issued to my representative.

*Executed on _____, in _____, _____
Date (Month Day, Year) City Province

*Printed Name

*Signature

SECTION I: AUTHORIZATION FOR THIRD-PARTY (SCHEDULE “B”)

IMPORTANT: This section (Schedule “B”) is to be completed **only** if the claim is being submitted on behalf of a Settlement Class Member by a representative (including a third-party claims service or lawyer of their own choosing). **This section must be completed by an individual with authority to bind the Settlement Class Member.**

Contact Information for Person completing this authorization:

Full Name*	
Title/Position*	
Complete Address*	
Email*	
Telephone number*	

I _____ [name of individual] am authorized to submit a claim in the Canadian Credit Card Class Actions Settlement distribution on behalf of _____ [name of Settlement Class Member (Merchant)].

- *I understand that the claims’ filing process was designed to enable Settlement Class Members to submit claims without the assistance of an agent and that the Settlement Class Member can contact the Claims Administrator at no charge to ask questions about the claims filing process.
- *I have reviewed the information to be submitted by my representative as part of the claim form, including documentation supporting Credit Card Sales Volume and/or Interchange Fees paid.
- *I can attest based on personal knowledge that the information to be submitted by the representative on behalf of the Settlement Class Member, including documentation supporting total Credit Card Sales Volume and Interchange Fees paid, accurately reflects the business records of the Settlement Class Member.
- *I understand that all communications relating to the claim will be directed towards my representative and that any resulting payment will be issued to my representative.
- *I have the authority to bind the Settlement Class Member.

*Executed on _____, in _____, _____
 Date (Month Day, Year) City Province

 *Printed Name

 *Signature

SECTION J: DECLARATION REGARDING CREDIT CARD SALES VOLUME, INTERCHANGE FEES PAID, AND/OR APPLICABLE INTERCHANGE RATES (Schedule "C")

IMPORTANT: This section (Schedule "C") is to be completed **only** if the claim is being supported in whole or in part by a declaration (see Part E, Option B). **This declaration must be sworn or affirmed by the Settlement Class Member or an officer, director or employee of the Settlement Class Member.**

Part A: Declaration

Contact information for declarant:

Full Name:*	
Title/Position:*	
Complete Address:*	
Email:*	
Telephone Number:*	

IMPORTANT:

- You **must** provide the source of the information provided in this declaration. This can either be yourself, another person or a document;
- Any extrapolations for years where sales data is **not** available must reflect realistic annual Credit Card Sales Volume and should be supported by actual business records during the Class Period.
- You **must** clearly set out any data points or metrics used to calculate the annual Credit Card Sales Volume during the Class Period.
- If you are extrapolating Credit Cards Sales Volume based on records for part of the Class Period, you **must** provide the basis of the extrapolation and proof that the Class Member was fully operational during the Class Period.

*By checking this box, I declare or affirm, under penalty of law, that to the best of my knowledge the following information regarding credit card sales volume, interchange fees and/or interchange rates of the Settlement Class Member is true and correct and to the extent the information is not within my personal knowledge, I believe it to be true:

(if you need additional space, please attach a separate document)

YEAR	ANNUAL CREDIT CARD SALES VOLUME (CAD)	ACTUAL RATE OF INTERCHANGE FEES (IF KNOWN)*	AMOUNT OF INTERCHANGE FEES PAID (CAD)*	Data points or metrics used to calculate the annual credit card sales volume	SOURCE OF INFORMATION
	\$	%	\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		

*Executed on _____, in _____, _____
 Date (Month Day, Year) City Province

 *Printed Name *Signature

Part B: Substantiating Documentation

*A declaration in Part A of this form must be supported by substantiating documentation. This documentation must:

- a) support each of the key data points or metrics relied upon in the declaration; and
- b) be claimant-specific and contemporaneous with the Class Period.

***Confirm what the documentation that you are submitting with your declaration indicates:**

Business records during the Class Period to support extrapolations made in the declaration;
AND/OR

Proof that the Settlement Class Member was fully operational during the period for which you are extrapolating Credit Cards Sales Volume based on business records for part of the Class Period.