

# DISTRIBUTORS AND PRODUCERS CLAIM FORM

## MSG / NUCLEOTIDE SETTLEMENT

TO BE ELIGIBLE FOR COMPENSATION YOUR COMPLETE APPLICATION TOGETHER WITH SUPPORTING DOCUMENTATION MUST BE SENT TO THE CLAIMS ADMINISTRATOR NO LATER THAN **OCTOBER 30, 2004**.

You must complete all pages of this Form. Attach additional pages if space is insufficient. Please type or print legibly in black ink.

### 1. Instructions for Claim Form

1. If you purchased MSG and/or Nucleotides in any form and for any use, including products containing or derived from MSG and/or Nucleotides, in, into, or from Canada, between January 1, 1984 and December 31, 1999 you are a class member.
2. Class Members eligible to receive direct settlement benefits fall into 2 categories: Distributors and Producers.
3. Distributors are Class Members who purchased MSG and/or Nucleotides in raw form between January 1, 1984 and December 31, 1999, and only resold the MSG and/or Nucleotides without further processing or including them in another product.
4. Producers are Class Members who purchased MSG and/or Nucleotides in raw form between January 1, 1984 and December 31, 1999 and produced a product of which the MSG and/or Nucleotides was a component part (including restaurants and food service outlets).
5. Class Members may be eligible to claim compensation for both MSG and Nucleotide purchases. Class Members may also be eligible to claim compensation for both Distributors and Producers. Class Members must check off each section on the claim form that is applicable ie. Distributor and/or Producer.
6. Class Members must fill out each applicable section in its entirety. For example, a Class Member who is a Distributor and a Producer must fill out sections 2, 3(a), 3(b), 4 and 5. Sections 2, 4, and 5 must be completed by all Class Members.
7. In each of sections 3(a) and 3(b), Class Members must indicate, by checking the appropriate box, the Product Purchase Verification that is in their possession to support their claim. Product Purchase Verification includes proof of purchase or supplier's sales record (ie. Invoices, Bank Statements, Cancelled Cheques) confirming the dollar value of the MSG and/or Nucleotides purchased. Class Members must attach Product Purchase Verification to their completed claim form at the time it is submitted.
8. If a Class Member is unable to provide Product Purchase Verification in the nature of proof of purchase information or supplier's sales records, the Class Member may submit to the Claims Administrator other objective verification that is acceptable to the Claims Administrator. If other acceptable verification is submitted, it must be accompanied by an Affidavit outlining the steps taken to obtain proof of purchase and seller's records and the responses, if any, to those steps.
9. Where a Class Member is claiming as a Producer, the Class Member must list the products that are produced that contain MSG and/or Nucleotides as a component part. Class Members must attach to their completed claim form, if available, evidence demonstrating that the products listed contain MSG and/or Nucleotides.

10. Class Members must indicate any previous compensation received in respect of any or all of the MSG and/or Nucleotides purchased. If any previous compensation has been received, the Class Member must provide details including who paid the compensation, when the compensation was received, amount of compensation received and the nature of any releases or documentation signed.

11. Claim Forms must be sent by mail to the Claims Administrator postmarked no later than October 30, 2004. The Claims Administrator's address is: P.O. Box 3355, London, Ontario, N6A 4K3.

12. Claims which are postmarked after October 30, 2004 will be rejected by the Claims Administrator.

13. The Claims Administrator may be reached by telephone at 1-866-432-5534 or by email at [claims@nptca.com](mailto:claims@nptca.com)

## 2. Identification of Distributor or Producer

Name:

\_\_\_\_\_  
Name of Distributor or Producer (full legal name)

\_\_\_\_\_  
Contact Person (If Class Member is a corporation)

Address:

\_\_\_\_\_  
No./Apt./Street                      City                      Province                      Postal Code

Telephone:

\_\_\_\_\_  
Area code / phone no. (Ext. if applicable)

Is the above identified entity a Distributor?  or a Producer?

## Please Inform the Claims Administrator of all Address Changes in Writing

Identification of person signing this Registration (check one only):

I am an authorized employee, officer or director of the above-identified Distributor or Producer. I am signing this Form to register the Distributor or Producer for settlement benefits.

I am the trustee, receiver or other representative of the above-identified Distributor or Producer. I am signing this Form to register the Distributor or Producer for benefits under the Settlement

(Attach copy of court order or other official document appointing you as representative and state your name, title, mailing address and telephone number).

**3(a)  Distributors**

Class Members who purchased MSG and/or Nucleotides in raw form between January 1, 1984 and December 31, 1999, and only resold the MSG and/or Nucleotides without further processing or including them in another product.

**1. MSG Purchases**

**A. Please list all MSG purchases made between January 1, 1984 and December 31, 1999:**

	Date of Purchase	Volume Purchased	Dollar Value of purchase	Seller's Identity
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Please attach additional sheets if required.

**B. Product Purchase Verification:**

- Proof of purchase confirming the Distributor's purchase of MSG in raw form between January 1, 1984 and December 31, 1999, and confirming the dollar value of the MSG purchased;
- Seller's sales record(s) verifying the sale of MSG in raw form to the Distributor between January 1, 1984 and December 31, 1999, and verifying the dollar value of the sale; or
- If a Distributor is unable to provide any of the documentation as specified above, a Distributor may submit to the Claims Administrator such other comparable verification as may be acceptable to the Claims Administrator. Such other objective verification must be accompanied by an Affidavit from the Distributor stating:
  1. the steps taken by the Distributor to obtain the Product Purchase Verification outlined in subparagraphs 1 and 2 above; and
  2. the responses, if any, to those steps.

**3(a) Distributors (con'd)**

**2. Nucleotide Purchases**

**A. Please list all Nucleotide purchases made between January 1, 1984 and December 31, 1999:**

	Date of Purchase	Volume Purchased	Dollar Value of purchase	Seller's Identity
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Please attach additional sheets if required.

**B. Product Purchase Verification:**

- Proof of purchase confirming the Distributor's purchase of Nucleotides in raw form between January 1, 1984 and December 31, 1999, and confirming the dollar value of the Nucleotides purchased;
- Seller's sales record(s) verifying the sale of Nucleotides in raw form to the Distributor between January 1, 1984 and December 31, 1999, and verifying the dollar value of the sale; or
- If a Distributor is unable to provide any of the documentation as specified above, a Distributor may submit to the Claims Administrator such other comparable verification as may be acceptable to the Claims Administrator. Such other objective verification must be accompanied by an Affidavit from the Distributor stating:
  1. the steps taken by the Distributor to obtain the Product Purchase Verification outlined in subparagraphs 1 and 2 above; and
  2. the responses, if any, to those steps.

**3(b)  Producers**

Class Members who purchased MSG and/or Nucleotides in raw form between January 1, 1984 and December 31, 1999 and produced a product of which the MSG and/or Nucleotides was a component part (including restaurants and food service outlets).

**1. MSG Purchases**

**A. Please list all MSG purchases made between January 1, 1984 and December 31, 1999:**

Date of Purchase    Volume Purchased    Dollar Value of purchase    Seller's Identity

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please attach additional sheets if required.

**B. Product Purchase Verification:**

- Proof of purchase confirming the Producer's purchase of MSG in raw form between January 1, 1984 and December 31, 1999, and confirming the dollar value of the MSG purchased;
- Seller's sales record(s) verifying the sale of MSG in raw form to the Producer between January 1, 1984 and December 31, 1999, and verifying the dollar value of the sale; or
- If a Producer is unable to provide any of the documentation as specified above, a Producer may submit to the Claims Administrator such other comparable verification as may be acceptable to the Claims Administrator. Such other objective verification must be accompanied by an Affidavit from the Producer stating:
  1. the steps taken by the Producer to obtain the Product Purchase Verification outlined in subparagraphs 1 and 2 above; and
  2. the responses, if any, to those steps.

**C. Please list the products that you manufacture which contain MSG as a component part, and attach evidence, if possible, demonstrating that the products listed are manufactured by you and contain MSG as a component part.**

\_\_\_\_\_  
\_\_\_\_\_

**3(b) Producers (Con'd)**

**2. Nucleotide Purchases**

**A. Please list all Nucleotide purchases made between January 1, 1984 and December 31, 1999:**

Date of Purchase    Volume Purchased    Dollar Value of purchase    Seller's Identity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Please attach additional sheets if required.

**B. Product Purchase Verification:**

- Proof of purchase confirming the Producer's purchase of Nucleotides in raw form between January 1, 1984 and December 31, 1999, and confirming the dollar value of the Nucleotides purchased;
- Seller's sales record(s) verifying the sale of Nucleotides in raw form to the Producer between January 1, 1984 and December 31, 1999, and verifying the dollar value of the sale; or
- If a Producer is unable to provide any of the documentation as specified above, a Producer may submit to the Claims Administrator such other comparable verification as may be acceptable to the Claims Administrator. Such other objective verification must be accompanied by an Affidavit from the Producer stating:
  - 1. the steps taken by the Producer to obtain the Product Purchase Verification outlined in subparagraphs 1 and 2 above; and
  - 2. the responses, if any, to those steps.

**C. Please list the products that you manufacture which contain Nucleotides as a component part, and attach evidence, if possible, demonstrating that the products listed are manufactured by you and contain Nucleotides as a component part.**

\_\_\_\_\_  
\_\_\_\_\_

#### 4. Previous Compensation Received

Have you previously received compensation in respect of any or all of the MSG and/or Nucleotide purchases described herein? Yes  No

If yes, please provide details including who paid the compensation, when the compensation was received, amount of compensation, and the nature of any releases or documentation that you signed.

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#### 5. Declaration

I declare under penalty of perjury that the information on this Form is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (Claimant or Representative)

\* To preserve eligibility for benefits under the settlement, your completed application, together with the required documentation must be submitted to the Claims Administrator no later than **October 30, 2004**.

Please mail this Form to the following address:

Claims Administrator  
PO Box 3355  
London, ON N6A 4K3