

(Unofficial translation of the *Formulaire de révision* approved by the Court on November 9, 2009)

ANNEX IV

REVIEW FORM

*(This form must be returned by registered mail, certified mail, or any other way which provides a proof of it having been received, within **twenty-one (21)** days of receiving the ruling rejecting all or part of a claim)*

TO : The Superior Court Clerk for the district of Terrebonne
 c/o : Class Action
 25, de Martigny Street, West
 Saint-Jérôme (Québec) J7Y 4Z1

1. Be notified that I wish to have the Court to review the ruling you rendered on _____, which rejects all or part of my claim.

2. I request that the ruling be reviewed for the following reasons : *(write here all the motives to support your request for a review)*

3. *(If necessary)* To support my motives for review, I attach the following documents as exhibits for my review, which were not submitted with my initial request :

4. I do not wish to be heard by the Court for my review.

5. I wish to be heard by the Court for my review and I plan on calling the following witness(es) : *(Write here the name of the witness(es) you wish to call)*

AND I HAVE SIGNED IN _____, THIS _____ DAY OF _____

Name (please print) _____

Address : _____

Postal Code : _____

Telephone No (home) : _____

Telephone No (work) : _____

Telephone No (cell.) : _____

Email address : _____