GOSFORD APARTMENT FIRE LITIGATION CLAIM FORM

Section 1: Class Member Information

First Name Last Name

Mailing Address (Street, P.O. Box, as applicable)

City Province Postal Code

Telephone Number (with area code) Email Address

I am making a claim as (please check one of the boxes below):

| | Class Member (the person who lived at 235 Gosford Boulevard, Toronto, ON at the time of the fire on November 15, 2019).

| | Representative of a Class Member (a person who is the legal representative of a Class Member who is deceased and/or otherwise under a legal disability (ex. a minor under the age of 18 years old))

Section 2: Representative Identification

This section is to be completed ONLY if you are submitting a claim as the representative of a Class Member. You MUST provide proof of your authority to act as the representative of the Class Member. Before completing this section, you MUST identify the class member you are representing in section one. **Please enclose a copy of your authority to act (i.e. power of attorney, will, etc.)**

I am applying on behalf of a Class Member who is:

| |A person under a legal disability

| | Deceased

Representative Information:

First Name Last Name

Mailing Address (Street, P.O. Box, as applicable)

City Province Postal Code

Telephone Number (with area code) Email Address

Section 3: Claim Information

Please complete each question below:

Did you reside at and/or were visiting 235 Gosford Boulevard, Toronto at the time of the fire on November 15, 2019	❙❙YES ❙❙ NO
What unit number did you live in or were visiting at the time of the fire?	

Claim Submission Reminders:

- You may submit your Claim Form by submitting it to us through Syngrafii or email it to us GosfordSettlement@diamondlaw.ca.
- Please keep a copy of your Claim Form and documentation.
- Claims must be filed through the email address listed above by September 16, 2026 at 5:00pm Eastern Standard Time, or mailed so they are postmarked, by September 16, 2026 at 5:00 PM Eastern Standard Time.
- If filing by mail, return your completed form to Diamond and Diamond Lawyers LLP, 255 Consumers Road, 5th Floor, Toronto, ON M2J 1R4.

Section 4: Signature

By filing this claim form, I am certifying that I am a Class Member and am eligible to make a claim

in this settlement and that the information I am providing in this claim form is true and correct. I understand that I may not claim amounts that have been otherwise reimbursed to me or that I have already claimed. I understand that my claim may be subject to audit, verification, and Court review.

_____	_____	_____
Signature	Print Name	Date (MM-DD-YYY)