

BOSTON PRIME LIMITED - IN SPECIAL ADMINISTRATION

CLIENT'S STATEMENT OF CLAIM

Name and address of client: _____

Amount claimed in the Special Administration
£ _____

Signature of client: _____

Name of client: _____

Telephone: _____

Fax: _____

E-mail: _____

Date: _____ / _____ / _____

Please provide appropriate documentation in support of your claim.

Please return this form when you have completed it to boston.prime@rollingsoliver.com or Boston Prime Ltd – In Special Administration, c/o Rollings Oliver LLP, London, EC1A 2AY