

INSOLVENCY CLAIM FORM

Name of Company: **Kaupthing Singer & Friedlander Limited
(in administration) (the “Company”)**

Date of Insolvency: **8 October 2008**

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| 1. | Full name of Creditor: | | |
| 2. | Address: Contact name: Telephone/mobile number(s): Fax number: E-mail address: | | |
| 3. | Nature of debt (e.g. wholesale depositor/services performed/guarantee claim etc.) and how it was incurred | | |
| 4. | Date(s) the debt was incurred | | |
| 5. | Is any party jointly liable for the debt? <i>(If yes, please complete Box 6)</i> | Yes (please tick box) | <input type="checkbox"/> |
| | | No (please tick box) | <input type="checkbox"/> |
| 6. | If yes, identify the party(ies) who are jointly liable and specify the nature of the claim against each one: | | |

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| 7. | <p>Please provide details and copies of any documents by reference to which the claim against the Company can be substantiated:</p> <p><i>(Note: the Administrators may call for any further documents or evidence to substantiate the claim at their discretion)</i></p> | | |
| 8. | <p>Total amount of claim as at 8 October 2008 being the date the Company went into administration. If the debt is subject to VAT please provide details of the amount of VAT payable and a copy of the relevant VAT invoice (if applicable):</p> <p><i>(Please deduct any payments that have been made after that date in respect of the claim. Please note that the Administrators may make certain deductions to your claim pursuant to Insolvency Rule 2.85)</i></p> <p><i>(Note: Payments will not be made in respect of VAT unless a VAT invoice has been provided to the Administrators, where a tax point has previously arisen, evidencing the amount of the VAT (if any))</i></p> | | |
| 9. | <p>Total amount of interest owed on the claim as at 8 October 2008 (please provide details as to the applicable rate of interest and the manner in which it is calculated:</p> | | |
| 10. | <p>Is your claim secured?</p> <p><i>(If your claim is secured, please answer question 11)</i></p> <p><i>(If your claim is unsecured, please move to question 12)</i></p> | Yes (please tick box) | |
| | | No (please tick box) | |
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| 11 | <p>Please provide brief particulars of the security, including the value of the security, and the date it was given:</p> <p>If the claim is subject to any reservation of title in respect of goods to which the debt refers, please provide details:</p> | | |
| 12. | <p>Please give details of whether the whole or any part of your claim falls within any (and if so which) of the categories of preferential debts under section 386 of, and schedule 6 to, the Insolvency Act 1986:</p> | | |
| 13. | <p>Is your claim subject to compensation from the Financial Services Compensation Scheme (“the FSCS”)?</p> <p><i>(If yes, please indicate whether you have already made an application to the FSCS, whether this has been accepted and detail any amounts you have received from the FSCS)</i></p> | Yes (please tick box) | |
| | | No (please tick box) | |
| | | | |
| 14. | <p>Have you obtained a court judgment in relation to your claim?</p> <p><i>(If so, please provide particulars, including the date of the judgment)</i></p> | Yes (please tick box) | |
| | | No (please tick box) | |
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| 15. | So far as you are aware, have you or anyone else filed a Notice of Claim relating to your claim? | Yes (please tick box) | |
| | | No (please tick box) | |
| | <i>(If so, please provide particulars)</i> | | |
| 16. | <p>Bank account details for payment of claim by way of BACS payment:</p> <p>Account name:</p> <p>Account number:</p> <p>Sort code:</p> <p>Bank:</p> | | |
| 17. | <p>Signature of Creditor or person authorised to act on their behalf:</p> <p>Address of Creditor if different from section 2 above:</p> <p>Name in CAPITAL LETTERS</p> <p>Position in relation to the Creditor:</p> <p>Date:</p> | | |

Please return this form marked for the attention of Sally Willard of Ernst & Young LLP by post to 1 More London Place, London SE1 2AF, by fax to number +44 (0)20 7951 9232 or by email to eyadmin@singers.co.uk